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ABSTRACT

This document is the second volume of a six-volume report on sexuality education. This volume provides suggestions for developing and implementing effective educational and clinic-based approaches to sexuality education. It discusses the reasons for and nature of responsible sexuality education and describes approaches to building a community-based program, selecting teachers and finding training, assessing needs of the target population, and designing and implementing programs for them. It also provides suggestions for evaluating programs. Chapter 1 provides an introduction and eight fact sheets that highlight major findings of research and demonstrate the need for sexuality education programs for adolescents. Chapter 2 discusses building a program and chapter 3 describes establishing guidelines for the program. Designing the course, selecting and training leaders, and implementing programs are covered in chapters 4, 5, and 6 respectively. Chapter 7 concerns linking young people with medical services and chapter 8 discusses evaluating the course. Lists of curriculum resources and resources for every stage of program development, and a reference list for fact sheets are appended. (NB)

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SEXUALITY EDUCATION:

A Guide to Developing and Implementing Programs

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Sexuality Education:

A Guide to Developing and Implementing Programs

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PREFACE

Background of This Project

During the late 1970's the federal government recognized the large number of unintended teenage pregnancies in America and sought solutions to this major problem. Recognizing that one potentially effective solution was sexuality education, the administration asked the Center for Health Promotion and Education (formerly the Bureau of Health Education) in the Centers for Disease Control to identify, improve, and evaluate promising approaches to sexuality education.

The current project followed an earlier 1978 contract that the Center for Health Promotion and Education had awarded to Mathtech to identify promising programs and to develop evaluation methods. In that project, Mathtech, with the help of many sexuality educators and other related professionals:

- identified and rated about 200 features and outcomes of programs potentially important to reducing pregnancy and increasing psychological health
- reviewed the literature on the effects of sex education programs
- identified 30 or 40 promising programs representing several different approaches
- developed questionnaires and other methods to more effectively measure the important outcomes of these promising programs
- summarized the work in a six-volume report entitled An Analysis of U. S. Sex Education Programs and Evaluation Methods.

In 1979 the Center awarded Mathtech a second contract to help improve and then evaluate 10 of the promising sexuality education programs. Mathtech selected 10 exemplary programs that represented a variety of different approaches to sexuality education: 6-hour programs, semester programs, conferences, programs for young people alone and for young people and their parents together, peer education programs, school and nonschool programs, through both educational and in-school clinic approaches. Mathtech:

- conducted an initial evaluation of each program and dropped and added a few programs
- suggested numerous changes which the sites incorporated
- offered training to the program staffs
- provided some materials and other kinds of support

- then carefully evaluated the programs.

The results of this contract are summarized in this report.

Overview of This Report

The complete report contains several separate volumes and an Executive Summary of the first volume. Although all of the volumes are an integrated package which we hope will meet many varied needs of educators, evaluators, and policy makers, some of the volumes will have particular interest for selected groups of people, and each volume is complete and can be used independently of the others.

Sexuality Education: An Evaluation of Programs and Their Effects...An Executive Summary summarizes first the existing information on sexuality education in the United States and then the overall design, methods, and major findings of this evaluation.

The first volume, Sexuality Education: An Evaluation of Programs and Their Effects, provides the results of all of our research. It:

- summarizes existing research on the structure and content of sexuality education in the United States
- reviews the literature on the effects of sexuality education
- describes the evaluation methods used in this study
- provides a description of each program and its evaluation data
- summarizes the effectiveness of different approaches in meeting different goals.

This second volume, Sexuality Education: A Guide to Developing and Implementing Programs, discusses the reasons for and nature of responsible sexuality education and describes approaches to building a community-based program, selecting leaders or instructors and finding training, assessing needs of the target population, designing and implementing programs for them, and evaluating those programs. In addition, it provides

- fact sheets with the findings of significant research that establishes the need for sexuality education and describes the support for, incidence of, and effects of sexuality education programs

- an annotated list of curriculum guides that have been developed for programs for adolescents

- lists of organizations and individuals that support sexuality education and could serve as resources to program planners, educators, and evaluators.

The third volume, Sexuality Education: A Curriculum for Adolescents is based upon the curricula of three programs the evaluation found to be especially effective. (See below, Council Rock High School, George Mason

Junior-Senior High, and University City High School.) The curriculum offers 11 units entitled:

Introduction to Sexuality
Communication Skills
Anatomy and Physiology
Values
Self Esteem
Decisionmaking
Adolescent Relationships
Adolescent Pregnancy and Parenting
Pregnancy and Prevention
Sexually Transmitted Diseases
Review and Evaluation.

Each unit contains a statement of goals and objectives, an overview of the unit contents, a rich variety of fully-described activities that address the goals and objectives, and wherever needed, lecture notes and handouts. In addition, the curriculum provides guidelines for using audiovisual resources, an annotated list of audiovisual resources for use with adolescents, print resources for professionals, and questionnaires that can be used in evaluating programs based on the curriculum.

The fourth volume, Sexuality Education: A Curriculum for Parent/Child Programs, is based primarily upon the experiences and evaluation of the parent/child program at The Family Guidance Center in St. Joseph, Missouri (described later in this preface). The content of the curriculum emphasizes information about the physiological aspects of human sexuality in the following nine units:

Introduction to Course
Anatomy, Physiology, and Maturation
Gender Roles
Sexually Transmitted Diseases
Reproduction
Adolescent Sexuality
Birth Control
Parenting
Review.

The process and goals of the course focus on parent/child interaction: while family members are learning factual information about the anatomy and physiology of human sexuality, they are also listening together and becoming more comfortable participating in frank, open discussions about sexuality; practicing discussing issues with the other generation; and exploring their own and others' opinions and values related to sexuality issues. The parent/child curriculum provides suggested course outlines, activities, supplementary teacher resource sheets, handouts, audiovisual and print resources for use with parents and adolescents, and questionnaires to use in evaluating parent/child programs based on the curriculum.

The fifth volume, Sexuality Education: A Handbook for Evaluating Programs, provides detailed information about every step in evaluating

sexuality education programs:

Defining the Problem
Selecting the Overall Design
Designing Questionnaires
Administering the Study
Analyzing the Data
Evaluating Special Programs.

In addition, the handbook provides questionnaires that can be used to evaluate sexuality education programs.

A sixth volume, Sexuality Education: An Annotated Guide for Resource Materials, reviews materials for youth in elementary school through high school. The reviews cover:

Books
Films
Filmstrips
Curricula
Charts, Models, and Games.

For each resource, the guide lists the distributor, length, cost, and recommended grade level, and provides a discussion of the material. This volume differs from the others in that it was not funded by the government and is not part of the final report. However, it will be useful to people developing programs.

Description of Model Programs

The programs evaluated during this project reflect the rich variation in the field of sexuality education, were conducted in a wide range of communities around the country, with young people from various backgrounds. This section describes the major features of each program.

Council Rock High School, Bucks County, Pennsylvania

Council Rock High School is a "feeder" school located in a White, upper middle class, politically conservative, suburban/rural area near Philadelphia. It serves 3300 students, grades 9-12. The sexuality education program developed formally in 1973 within the Health Education curriculum and now has 10 teachers with special training in human sexuality content and communication skills. The year-long course for ninth graders, "Me: Understanding Myself and Others," meets for 1 hour, 2 days/week, and covers a variety of issues: adjusting to high school, getting to know self, developing and practicing communication and decisionmaking skills, understanding the family, boy-girl relationships, friendships; taking care of the body; loss of a loved one; how looks make you feel.

Eleventh graders also take a year-long course that meets 3 days/week and covers interpersonal relations; communication skills; reproduction, contraception, and decisionmaking; pregnancy and prenatal development, child

development, adulthood and aging; dating, sex roles, and marriage. Twelfth graders may elect (with parental permission) to take advanced studies in human sexuality, which meets daily for one semester. That course covers the topics of interpersonal skills (exploring feelings and attitudes, communicating to others, group process), interpersonal relationships (peers, family); adolescent sexuality (dating, love, romance and problems, making decisions); sex role socialization; social issues; sexual identity and orientation; life planning (challenges of adulthood); personal growth.

Evening parent education seminars are offered as a regular feature of the curriculum.

Family Guidance Center, St. Joseph, Missouri

This community mental health center serves a rural, nine-county area in northwest Missouri with a predominantly White, Christian (especially Catholic) population. The Center's family life education department systematically invites churches, community organizations, and schools to cosponsor programs for parents and children. They offer programs to same-sex groups (mothers and daughters, fathers and sons) in two age groupings, 9-12 and 13-17. These programs cover the following topics: anatomy, physiology, and maturation; gender roles; sexually transmitted diseases (STD); reproduction; adolescent sexuality; birth control, and parenting. The process of instruction is designed to facilitate parent/child communication about sexuality. Another volume of this report, Sexuality Education: A Curriculum for Parent/Child Programs, is based on these Family Guidance Center programs.

In addition, the Family Guidance Center offers a 5 to 7-hour program to church youth groups and schools. This program, which may be offered over a 5-day period or in a single day, covers reproductive anatomy, reproduction, growth and development, marriage, child care, and parenting. The Family Guidance Center family life education department attributes its wide acceptance in the community to the solid reputation of the entire agency as well as the good reputation the educators themselves enjoy with the organizations that have cosponsored programs and the families they have served.

Ferndale School District, Ferndale, California

The Ferndale School District is located in a rural, middle class community of about 3,000, predominantly Catholic and Protestant. Students are predominantly White. In grades kindergarten through 3, sexuality material is integrated into other topics. In the 4th through 8th grades, students receive 1 week of instruction, 45 minutes per day. For grades 9-10, topics include dating, communication and decisionmaking, responsibilities of parenting, values, facts and myths about reproduction, STD, and birth control. For grades 11-12, the same topics are presented in more depth, plus issues of lifestyle, consumerism, marriage, pregnancy. The population is generally supportive of the family life education program, which was developed by a wide range of people within the community and is taught by educators who are well-known, longstanding citizens and church members in the community.

George Mason Junior/Senior High School, Falls Church, Virginia

This program in a small, predominantly White, upper-income community a few miles from Washington, D.C., is currently offered to grades 6-12. The program has been developing since the early 1970s when the school board established the Family Life and Sex Education Community Council comprised of the high school principal, representatives of major religious denominations, parents (selected by the parent-teacher association), teachers, and medical authorities. This advisory board continues to meet to actively participate in reviewing the program and new materials.

In the elementary grades, the regular classroom teachers have been specially trained to teach sexuality education units and to respond to whatever questions students ask: fourth graders learn about menstruation, sperm production, becoming sexually mature; fifth graders study the endocrine and reproductive systems; sixth graders take a 6-week unit on early adolescent development, sexual maturing and growth.

In the eighth grade, students take a life science course that meets daily for one semester and covers communication skills (learning to listen and speak directly, behave assertively, set goals, make decisions); inherited characteristics; embryonic fetal development; childbirth; and personality development. The year-long course for ninth graders covers the same topics in greater depth and also covers body functions (digestion, respiration, circulation, endocrine, reproductive and nervous systems) and the origins of life. Throughout each course, students are encouraged to examine their own attitudes as well as attitudes of their families, the community, and society, and to consider decisions they are currently making and will need to make. Emphasis is placed on gaining a sense of self, developing positive relationships, understanding oneself in the context of family and the wider community, and seeing development as a life-long process.

Eleventh and 12th graders may take an elective semester-long program, "Seminar in Human Sexuality," in which they openly discuss issues related to sexual identity, sexual functioning, the history of sexual attitudes, and decisionmaking. In addition, each year the instructor holds an orientation session for parents of ninth graders and two six-session seminars entitled "Perspectives on Adolescent Sexuality," open to all parents.

Life Styles, Pensacola, Florida

Lakeview Center, Inc., a community mental health center in Escambia County, developed the "Life Styles Education and Counseling Program" in 1977 at the request of Florida's Department of Health and Rehabilitative Service. Approximately 80% of the county population is White, 20% Black; 15% of county residents live below the poverty level. Life Styles offers a 16-session program to a variety of groups including public schools, private schools, church groups, youth centers, detention homes, recreational centers, and handicapped students. The curriculum provides the basis for a series of discussions about adolescent growth and development; influences on sexuality and values; decisionmaking; relationships, love, and marriage; adolescent pregnancy; parenting; and planning for the future. The emphasis throughout is on enhancing self esteem, cultivating communication skills, and assisting

students to make responsible decisions. Parents are offered the opportunity to participate in groups similar in content to the adolescent groups.

Maternal Infant Care (MIC) Project, St. Paul, Minnesota

A federally funded program affiliated with St. Paul-Ramsey Medical Center, MIC offers comprehensive medical and educational services to adolescents within the school building. The program combines sexuality education, prenatal care, day care services for students' small children, and primary adolescent medical services ranging from athletic physicals to family planning counseling and contraceptive follow up. Clinic services complement educational programs in classrooms. The MIC project has considerably reduced both pregnancy rates and postpartum dropout rates in project high schools. Staff has identified the following essential components of the MIC model: a multidisciplinary team, including a community worker who serves as a "broker" between students and the service team; on-site services which enhance accessibility to adolescents and level of comfort with medical care; a flexible, "open door" approach that encourages adolescents to use the service consistently and whenever needed; and a wide range of medical services to provide anonymity to those seeking sexuality-related services. (See Chapter 7 for further detail.)

Planned Parenthood League of Massachusetts (PPLM), Cambridge, Massachusetts

PPLM developed a series of 1-day conferences, "Making Choices: Teen Health Conferences," built around performances by PPLM's Youth Expression Theatre, a troupe of high school students who perform semi-improvisational skits emphasizing issues in adolescent sexuality. The conference objectives included providing teenagers with accurate information regarding sexuality to assist them in making responsible decisions about their sexual behavior; to give teenagers an opportunity to discuss issues openly; to introduce teenagers to the health and social service agencies available to them in their communities. In addition to the youth theater performance, the conference offered small group workshops, a health fair, films, and lunch. PPLM cosponsored conferences with local high schools and well-established groups including the adolescent center of a major city hospital, a school of social work, a family planning council, and a coalition of youth serving agencies.

Planned Parenthood of San Antonio (PPSA), Texas

Planned Parenthood (PPSA) is a five-clinic family planning affiliate of Planned Parenthood of America. PPSA staff educators work solely outside of the clinics, acting as resource personnel to high schools, middle schools, and community agencies in San Antonio and the surrounding areas in South Texas. A large percentage of the students served are from low-income Hispanic families. Many of the students have little information, and teenage pregnancy and birth are prevalent. PPSA offers instructional programs during regularly scheduled school class periods. The six 1-hour sessions emphasize decisionmaking and the possible consequences of adolescent sexual activity and include short lectures, films, and discussion.

In their "peer counselor" program, PPSA educators train groups of 15-20 teenagers to communicate with friends and acquaintances in their schools, both individually and through group "rap sessions," to dispel myths, answer questions, disseminate factual information about sexuality, and make referrals to appropriate agencies. Each student receives a minimum of 30 hours training, with periodic updates and supervision.

University City High School, St. Louis, Missouri

This high school is located in a suburb of St. Louis and serves a low-middle to middle class population that is 80% Black, 20% White. The school serves 1800 students grades 9-12. The present course was initiated in 1974 as a series of units within the health class, and was gradually expanded. Presently, classes of 30 students meet daily for 1 hour for an entire 18-week semester. Communication skills are taught first, then reinforced throughout the course. Other topics include biological aspects of sexuality, health and sexuality, sex roles, sexually transmitted disease, contraceptive decisionmaking, teenage pregnancy, child care, and sexual violence. The course promotes the values of love, respect, and responsibility, while emphasizing that exploitation is wrong. The highly trained teacher uses predominantly group discussion and role playing, with some lectures. The school administration and Board of Education are very supportive. Parents are invited to meet with the teacher to discuss the goals of the course and review the course content and materials.

Appendix C lists the names and addresses of the educators in the project sites. For a more detailed discussion and results of the evaluation, see Sexuality Education: An Evaluation of Programs and their Effects.

CHAPTER 1

INTRODUCTION

As we explained in the preface, this volume provides suggestions for developing and implementing sexuality education programs for adolescents. We discuss the reasons for and nature of responsible sexuality education, approaches to building a community-based program, selecting teachers and finding training, assessing needs of the target population, designing and implementing programs for them, and evaluating the programs. The recommendations are based on the formal evaluation of several exemplary programs, their educators' written reports, and interviews with them about their experiences.

Sexuality education means different things to different people. Some view it as a specific set of topics related to reproductive physiology and anatomy. Others view it as part of a larger context of life stages from infancy to aging. In this volume, we view sexuality education rather broadly, as education that addresses the whole range of issues, feelings, values, ethics, relationships, and decisions related to being male and female.

Each family, organization, school, church group, or community that is planning or providing sexuality education must develop their approach based on their own experiences, needs, and values. You may be troubled by the high rate of pregnancy and postpartum dropout in the local high school. You may be a youth group leader who hears misinformed youngsters talking about a range of social and sexual issues. You may be one of several parents in your church or synagogue who are wondering how to talk with young people about the difficult questions and decisions that confront them.

This guide describes approaches that educators have used successfully in a variety of settings, principles underlying those approaches, and specific techniques that experience and research indicate are instrumental in making a program work. We have written this guide for the educator, administrator, youth worker, parent, or medical practitioner who is beginning the process of developing sexuality education programs for adolescents; or for anyone who has acknowledged a need for a sexuality education program and wishes to learn from others' experiences. Such a guide cannot be comprehensive; as one of the educators we interviewed stated repeatedly, "We need to write a whole book just to address the one question you're asking now." We do hope, however, to provide an overview of the field, very practical suggestions, and resources for further reading on particular subjects.

In this introduction, we discuss the need for and possible reasons to offer sexuality education and the basic principles of good, responsible sexuality education.

Teenagers' Need for Sexuality Education

Developmental struggles during adolescence. Adolescence is a time of many

changes -- both physical and emotional -- which are commonly a source of real anxiety. Adolescents' bodies are changing rapidly. Their sexual feelings are increasing. Their identity is in question; they are asking, "Who am I? What is my place in the world? What do I believe? Am I acceptable?"

Many adolescents feel they are different, feel little control over what happens and vulnerable to peer pressure and exploitation. At the same time, in their effort to develop a sense of self and independence, they are moving away from their families toward their peers, often straining relationships with their parents.

Some of the decisions adolescents make affect their futures as well. For example, the assumptions and decisions adolescents make about appropriate roles for themselves as men and women will greatly influence the choices they need to make about their careers, relationships, marriage, and parenting. In short, adolescents must make increasingly serious decisions with far-reaching consequences.

Family discomfort discussing sexuality. Families teach about sexuality from the time their children are infants. The way parents touch each other and their children, how they handle nudity and privacy, what they expect of boys and of girls, how available they are (or aren't) to discuss sex -- all of these are lessons to children as they grow up and constitute children's early sexuality education. However, parents have told a number of different researchers that they are uncomfortable talking directly about any sexual topics with their children and that they seldom, if ever, have even the most basic exchanges about sexuality or sexual function -- sexual feelings and responses that just "happen," myths about pregnancy and genital growth, natural discharges, and so on. (See Fact Sheet #5)

Confusing media messages. Television, popular music, movies, advertising, newspapers, and magazines reflect a society with widely conflicting views about sexuality-related issues. Educators report that young people are learning:

- That the measure of a man is the amount of money or power he can amass; that men are stereotypically ambitious, competitive, smart, dominant, violent, logical, good at solving problems; and that the significant part of a man's life is outside his home, either at work or in close relationships with other males.

- That the measure of a woman is the number of men she can seduce; that women are characteristically sensitive, romantic, warm, submissive, timid; less likely than males to accomplish anything; and preoccupied with perfecting their appearance, catching husbands, and buying effective household products.

- That sexual activity is free and carries no consequences for human relationships; that being in love is always romance, never hard work; that falling in love is a solution to not feeling whole.

- That sex goes hand in hand with drugs, surfboards, smiles, fireplaces, champagne, beauty, rhythmic music; that whatever feels good is okay.

- That there is a standard way of behaving toward the opposite sex; that relationships are always highly charged sexually; that men and women "fall into bed" without ever discussing their feelings, their expectations, potential consequences, or contraceptives.

Although there may be some kernels of truth in such stereotypes, young people have

trouble sorting out the truth from exaggeration or myth and end up being influenced without understanding quite how.

Inaccurate peer information. When the adult community is silent, peers come up with answers, whether through gossip, rumors, assorted revelations of fact and fancy, posturing, or misunderstandings. For example, adolescents often believe such myths as follow:

- A woman can't get pregnant the first time she has sex. Or, a woman can't get pregnant if she only has sex once in a while. Or, a woman can get pregnant only during her period.
- If a guy isn't interested in dating and sex, he must be homosexual.
- Girls who are virgins can't use tampons. Or, once you use a tampon, you are no longer a virgin.
- If a boy gets sexually excited but doesn't have sex, something bad will happen to him.
- Everyone knows what everyone does on dates. Or, most adolescents are having sex.

Effects of teenage sexual activity. Some young people describe their sexual behavior (whatever it may be) as unsatisfying, emotionally painful, confusing. And, of course, teenagers are becoming pregnant, having abortions, giving birth, and becoming parents in increasingly high numbers, not without serious problems.

- Every day more than 3,000 girls become pregnant in the United States -- over one million each year. (Alan Guttmacher Institute, 1981)
- By age 18, 3 out of 10 teenaged women have become pregnant. (Tietze, 1978)
- About 86% of pregnancies among unmarried teenagers are unintended. (Nation's Health, 1980)
- Pregnant teenagers have four to five times as many pregnancy complications as older women. (Menken, 1972)
- Women who give birth by age 20 are only half as likely as other women to complete high school. (Card and Wise, 1978)

See Fact Sheets 3 and 4.

Reasons to Offer Sexuality Education

Sexuality education programs, then, address a variety of issues. Some, especially short term programs, emphasize one issue; some comprehensive programs address all of them in some way. Educators have offered all of the following reasons to provide sexuality education programs for adolescents:

- to provide accurate information about sexuality; to counteract inaccurate or misleading messages; to help them make more informed choices

- to prepare and support young people through development; to reduce anxieties and fears about personal sexual developments and feelings

- to increase understanding of family, religious, societal values; to increase clarity about the young person's own values so that he or she might behave in accordance with those values

- to increase communication about sexuality with parents, friends, and significant others; to increase comfort in communicating thoughts and feelings about sexuality

- to increase self esteem, enhance interpersonal relationships, reduce unwanted and irresponsible sexual activity; to facilitate rewarding sexual expression and reduce sexual exploitation

- to improve skills in decisionmaking, skills in handling social and sexual independence

- to reduce sexually transmitted disease and unintended pregnancies.

Principles Inherent in Sexuality Education

Clearly, teenagers need information and an ongoing, rational treatment of subjects having to do with sexuality. Moreover, the community needs to say through its programs -- whether in schools, churches, youth groups, clinics -- that it thinks these subjects are important. Community leaders need to foster among children an attitude of respect and appreciation for their own sexuality and that of others; they need to counter the negative, inaccurate, and irresponsible messages that children receive from others; and they need to help parents and youth communicate about these important issues. Sexuality education, far from replacing the family, can give adolescents an opportunity to learn about and discuss these life issues honestly and openly with their peers in a safe, well facilitated environment.

Every discussion in this volume rests on some basic assumptions and values about what any sexuality education program -- whatever reasons are chosen to offer it, whatever approach is developed -- should and should not do.

Sexuality education should:

- Prepare children for and support them through the physical and emotional changes of adolescence.

- Encourage adolescents to treat all people with respect; to view all people as worthwhile, regardless of race, sex, class, culture, religion, or sexual orientation.

- Provide accurate information about sexuality.

- View sexuality as an integral part of each person's self from birth to death.

- View education about sexuality as an ongoing process, continuing through the entire life cycle.

- Encourage children to talk about sexuality-related issues with their parents.
- Help individuals clarify and act in accordance with individual and family values.
- Encourage individuals to become responsible for their own actions and for the consequences of those actions.
- Teach that responsible decisions are made after considering all possible current and future consequences -- the welfare and needs of self, others, and society.
- Teach that open, interpersonal communication (comfort with the language of sexuality; an ability to identify and speak about one's own feelings, needs, and values; a readiness to listen) is a vital component of healthy relationships with others.
- Encourage individuals to recognize that their feelings and fantasies can be accepted as parts of themselves that may influence but do not necessarily dictate behavior.
- View every person as unique and as directed by a set of personal values, beliefs, and feelings that are uniquely his or her own.

<u>Sexuality education should not</u>:

- Be designed in secret, nor proceed without parental knowledge and approval.
- Undermine parents' influence on their children, nor assume primary responsibility for educating children about sexuality.
- Coerce, put pressure on, or otherwise encourage a student to change his or her beliefs to conform to those of the teacher or of the group.
- Assume that all young people are sexually active or want to be.
- Impose specific sexual values such as that it is good for teenagers to have sex as long as they use contraception.
- Instruct young people in sexual technique.
- Intrude into young people's personal or family lives.
- Minimize the consequences of sexual activity.
- Judge students, that is, label a youngster "bad" because of his or her behavior or attitude.

These basic tenets of sexuality education cannot be overemphasized. At one time, some sexuality educators tried to defend themselves against criticism by asserting that sex education could be value-free. Certainly, as described above, it is inappropriate to require any young person to adopt any specific value or attitude toward a particular sexual practice or behavior. Most sexuality educators do consider it appropriate, however, to strongly encourage youth to become clear about

their own values and their family values and to act in accordance with them. Most consider it appropriate to strongly support the universal values of information, respect for others, responsible behavior, open interpersonal communication, and so on.

If you are building a family life education program, we encourage you to clarify the principles and beliefs that will guide its development. You may not agree with everything listed above; you may wish to delete some statements, modify others, and add new ones that are important in your setting. These can provide a starting point for your planning.

Resources

Alan Guttmacher Institute. Teenage Pregnancy: The Problem that Hasn't Gone Away. New York: The Alan Guttmacher Institute, 1981.

Brown, L., (ed.) Sex Education in the Eighties: The Challenge of Healthy Sexual Evolution. New York: Plenum Press, 1981.

Roberts, E. (ed.) Childhood Sexual Learning: The Unwritten Curriculum. Cambridge, Mass.: Ballinger Publishing Co., 1980.

INTRODUCTION TO FACT SHEETS

We have attempted to highlight the major findings of research that you may need -- facts that demonstrate the need for sexuality education programs for adolescents and the amount of, support for, and effects of such programs:

1 Sexual Knowledge and Behavior of Adolescents
2 Adolescents' Use of Contraception
3 Adolescent Pregnancy
4 Effects of Adolescent Childbearing
5 Parent/Child Communication about Sexuality
6 Amount of Sexuality Education Being Offered
7 Support for Sexuality Education
8 Effects of Sexuality Education Programs

Most of the findings reported here were based upon questionnaires which, of course, rely upon the respondents' ability to accurately and honestly report their own attitudes and behavior. Moreover, a few of the findings are based upon surveys which cannot provide compelling evidence for the causal impact of programs. However, some of the studies are based upon experimental designs which do provide better evidence for causality. In spite of the shortcomings of these studies, they have established some reasonably good estimates of how adolescents are behaving and have described some important trends, and we encourage you to become familiar with them.

The research studies quoted in these fact sheets used a variety of samples:

- Some gathered statistics from nationwide samples of adolescents, others from metropolitan areas, others from one or more selected states or communities.

- Some studied all teenagers, others older adolescents (such as ages 15-19), and so on.

- Some studied adolescents with particular ethnic or socioeconomic backgrounds.

Thus, if you plan to use statistics to make a point, be sure to consider their applicability to your own target population.

Some of the statistics will undoubtedly be sufficient themselves. For example, if community members or an organization's advisory board express concern that a sexuality education program might encourage young people to become more sexually active, you can describe the studies in other communities that show programs have generally not had that effect. Other broadly-based statistics should not be expected to carry as much weight. For example, the statistics regarding adolescent pregnancy and childbearing should be supplemented as much as possible with statistics reflecting the experiences of local adolescents.

You will probably want to memorize some statistics -- for example, that before turning 20, one out of three female Americans becomes pregnant. You will need to have other statistics readily available when talking to various individuals or groups. Hence we developed a format which can be copied easily and referred to when needed.

Full references have been provided in Appendix C so that you may obtain more complete information about topics of interest. The Alan Guttmacher Institute companion books -- Teenage Pregnancy: The Problem that Hasn't Gone Away and Factbook on Teenage Pregnancy -- provide the single most comprehensive source of information on sexual activity and pregnancy. The first volume of this report, Sexuality Education: An Evaluation of Programs and their Effects, fully describes and discusses all of the major studies of the effects of sexuality education programs.

FACT SHEET #1

SEXUAL KNOWLEDGE AND BEHAVIOR OF ADOLESCENTS

Adolescents' Knowledge about Sexuality

- When asked when during a woman's monthly cycle she is most likely to become pregnant, only 37% of adolescents aged 15-17 and 49% aged 18-19 knew the correct answer. (Zelnik and Kantner, 1977)

Adolescents' Sources of Information about Sexuality

- When asked to name their initial source of information about sexuality

  37% indicated peers
  22% indicated literature
  17% indicated their mothers
  15% indicated their fathers
  8% indicated all other sources.

  (From a survey of a large Midwestern high school with lower middle to upper middle class students. Thornburg, 1981)

Numbers of Sexually Active Adolescents

- Out of 29 million teenagers, about 7 million men and 5 million women are sexually active.

  Among those who are unmarried and aged 13-14, 18% of males and 6% of females are sexually active.

  Unmarried and aged 15-19, 56% of males and 41% of females are sexually active. (Alan Guttmacher Institute, 1981)

- The number of teenagers who are sexually active increased by two-thirds during the 1970's. The increase in sexual activity in recent years is entirely among unmarried Whites. (Alan Guttmacher Institute, 1981)

Characteristics of Sexually Active Adolescents

- The average age of first intercourse is 16.4 among Whites, 15.5 among Blacks. However, the sexual activity of teenagers in different economic, social, religious, and residential groups is becoming more similar. (Alan Guttmacher Institute, 1981)

- Young people are having their first sexual experience at younger ages. (Based on statistics gathered from 1971-1979. Zelnik, Kim, and Kantner, 1979)

- Teenagers are more likely to have sexual intercourse who:

  live in a single parent household
  feel alienated from parents
  lack religious beliefs

have no college aspirations
are involved in a serious relationship with a partner.
(Lewis and Lewis, 1980)

- In New York, 61% of sexually active girls and 47% of sexually active boys had intercourse in their own homes. (Ross, 1978)

Table 1
Teenagers' Sexual Activity in 1978 by Age
(Alan Guttmacher Institute, 1981)

Age	Males		Females	
	% not sexually active	% sexually active	% not sexually active	% sexually active
13	88	12	98	2
14	76	24	89	11
13-14	82	18	94	6
15	65	35	80	20
16	55	45	66	34
17	44	56	52	48
18	33	67	42	58
19	21	79	32	68
15-19	44	56	55	45

FACT SHEET #2

ADOLESCENTS' USE OF CONTRACEPTION

Adolescents' Use of Contraception

- In preventing pregnancy, regular use of contraception is as important as the method of contraception. (Zabin, 1982)

- In 1979, of sexually active teenagers:

  27% said they had never used any method of birth control
  39% said they sometimes used a method of birth control
  34% said they consistently use a method of birth control.

  More were using some method in 1979 than in 1976. (Zelnik and Kantner, 1980)

What Methods of Contraception Adolescents Use

- Of the 70% of adolescents who used some method of birth control at least occasionally:

  about 34% used the pill or IUD
  about 20% used a condom, diaphragm, or foam
  about 16% used withdrawal, douche, or rhythm.
  (Alan Guttmacher Institute, 1981, see Table 2)

Adolescents' Use of Family Planning Clinics

- Of 1200 teenagers seeking professional birth control in their first visit to a family planning clinic:

  36% came because they suspected they were pregnant
  50% came some time after first having intercourse, but before becoming pregnant
  14% came in anticipation of their first intercourse

  84% first came more than 3 months after their first act of intercourse, half more than 9 months after first intercourse

- When asked what triggered their clinic visits, respondents cited (in order of importance):

  suspicion of pregnancy
  male partner or mother suggested they come
  closer relationship with partner
  just started to have sex

- When asked why they didn't come to a clinic earlier, the following were the main reasons give by respondents:

  I just didn't get around to it
  I was afraid my family would find out if I came

I was waiting for a closer relationship with my boyfriend
I was afraid of the pelvic examination and side effects of contraceptives

- White adolescents appear to delay seeking family planning services out of a fear of parents and a need for confidentiality. Black adolescents appear to fear birth control is dangerous. (Zabin and Clark, 1981)

Table 2
Methods of Contraception Used by
Never Married Women Aged 15-19
(Alan Guttmacher Institute, 1981)

Method	% using on first intercourse	% using on most recent intercourse
Pill	9.4	31.2
IUD	0.4	2.2
Diaphragm	0.3	2.5
Condom	19.4	14.2
Foam	1.2	3.0
Withdrawal	18.3	12.3
Douche	0.4	1.1
Rhythm	1.7	3.2
None	48.9	30.3

FACT SHEET #3

ADOLESCENT PREGNANCY

Likelihood of Teenagers Becoming Pregnant

- Girls 15 years old or younger are twice as likely to become pregnant within 6 months of sexual activity as are girls 18 or 19 years old. (Zelnik, 1980)

- 50% of all premarital pregnancies occur within 6 months of the first act of intercourse (adolescents 19 and under):

  22% within 1 month
  50% within 6 months
  61% within 12 months
  80% within 18 months
  84% within 24 months
  (Zabin, Zelnik, and Kantner, 1979)

Teenagers' Planning for Pregnancies

- Most pregnancies are unintended, specifically:

  70% of all teenage pregnancies
  86% of pregnancies among unmarried teenagers
  51% of the pregnancies among married teenagers
  (The Nation's Health, 1980)

Amount of Teenage Pregnancy

- In 1978, 1,142,000 teenage girls became pregnant. (Alan Guttmacher Institute, 1981.) Thus, every day more than 3,000 girls become pregnant.

- One out of three female Americans becomes pregnant before turning 20. (Tietze, 1978)

  3% by age 14
  7% by age 15
  14% by age 16
  22% by age 17
  31% by age 18
  39% by age 19

- The number of adolescent women who are capable of getting pregnant has increased. Girls and boys are maturing sexually at an earlier age. More teenagers are having intercourse at an earlier age. (Lewis and Lewis, 1980)

- The pregnancy rate for all 15 to 19-year-old women increased by 13% between 1972 and 1978. However, with the increase in sexual activity among young people aged 15-19, the pregnancy rate for sexually active 15 to 19-year-old women actually decreased by 6%. (Alan Guttmacher Institute, 1981)

- Teenagers in the United States have a much higher birth rate than teenagers in most other industrialized countries. (United Nations, 1979)

Teenagers' Childbearing

- About 10% of teenagers aged 15-19 become pregnant each year; about 5% give birth. (Alan Guttmacher Institute, 1981)

- The birth rate among teenagers has declined by about 25%, but this is because teenagers are having more abortions. (National Center for Health Statistics, 1980)

Table 3-1
Pregnancy Rates of Adolescent Women by Age and Year
(Alan Guttmacher Institute, 1981)

Year	% of All Women			% of Sexually Active Women		
	15-17	18-19	15-19	15-17	18-19	15-19
1972	6.4	14.5	9.6	26.4	27.4	27.0
1974	7.0	14.5	10.0	26.1	26.2	26.1
1976	6.9	15.3	10.2	22.8	26.3	24.8
1978	7.0	16.3	10.7	20.6	25.8	23.5

Table 3-2
Pregnancy Outcomes of Women 19 or Younger By Marital Status
(Alan Guttmacher Institute, 1981)

Outcome	All Women Total: 1,132,304	Unmarried Women Total: 748,545
Births	48.5 %	33.3 %
Miscarriages	13.5	12.1
Abortions	38.0	54.6
Total	100.0 %	100.0 %

FACT SHEET #4

EFFECTS OF ADOLESCENT CHILDBEARING

Complications Associated with Pregnancy and Childbirth

- Pregnant teenagers have four to five times as many pregnancy complications as older women. (Menken, 1972.) These complications appear to be associated with lifestyle -- teenagers' failure to seek adequate prenatal care, poor nutritional habits -- not with physical immaturity.

- Proportionately more younger teenagers give birth to infants with low birth weight (under 2,500 grams) than do older mothers. For example, among Whites, twice as many infants of mothers under 15 have low birth weight than do infants of mothers aged 20-24. (National Center for Health Statistics, 1980)

- Twice as many infants of teenagers die as of women aged 25-29. This is based upon a study of Upstate New York and Missouri. (Alan Guttmacher Institute, 1981)

Education

- Only 50% of teenage women who have given birth before age 18 complete high school, compared to 96% who have not given birth by age 20.

- 70% of teenage men who become parents complete high school, compared to 95% who do not become parents. (This study used samples matched for race, socioeconomic status, academic aptitude, achievement, and educational expectations at age 15. Card and Wise, 1978)

- Teenage parents who live with parents or relatives (compared to those who live separately) are:

  11% more likely to remain in school
  14% more likely to graduate from high school
  19% more likely to get a job
  22% less likely to receive welfare assistance.
  (Alan Guttmacher Institute, 1981)

Family Income and Earnings

- Teenagers who have children when they are 18 or younger earn about two-thirds as much as those who wait until they are 20 or older. (Suchindram, 1978)

- Families headed by mothers 25 or under are seven times more likely to be poor than all families in this country. (Alan Guttmacher Institute, 1981).

- About 61% of women on AFDC (Aid for Families with Dependent Children) gave birth as teenagers. (Moore, 1978)

- Every year, about $8 billion in social welfare services are spent on first births to teenage parents. (SRI International, 1979)

Marriages

- In 1978, only 7.7% of female teenagers and 2.1% of male teenagers (14-19) were married. The percentage of teenagers getting married is gradually declining. (Alan Guttmacher Institute, 1981)

- Teenage marriages are two to three times more likely to break up than are marriages between people in their twenties. (Green, 1977)

- Teenage mothers who decide to marry the fathers of their children are far more likely to become divorced than those who marry for reasons other than pregnancy. (Coombs, 1970)

- Parents who had their first child when they were 14-17 are three times more likely to get divorced within 15 years than are parents who had their first child when they were 20 or above. (McCarthy and Menken, 1979)

Effects on Children

- 1.3 million small children live with their teenage parents. (Alan Guttmacher Institute, 1981)

- Teenage mothers have more children than other mothers. (Trussell and Menken, 1978)

- The cycle of teenage parenthood is passed on to subsequent generations. The children of teenage parents are more likely to become teenage parents themselves than are the children of parents who were older at first birth. (Alan Guttmacher Institute, 1981)

FACT SHEET #5

PARENT/CHILD COMMUNICATION ABOUT SEXUALITY

Amount and Nature of Parent/Child Communication about Sexuality

- 80% of American parents agreed it is the parents' responsibility to provide sexuality education to their own children. (General Mills, 1979)

- When asked where they gain information about sex, 1152 teenagers reported that:

  peers provide most of their sex information, literature the second most

  mothers are most likely to provide information on conception and menstruation but very little on ejaculation, homosexuality, masturbation, contraception, petting, prostitution, seminal emissions, or venereal disease

  fathers provide 4.3% or less of their first sex information on any topic. (Thornburg, 1981)

- When asked what and how often they discuss sexuality topics with their 3 to 11-year-old children, 1400 Cleveland parents described the following:

  96% of fathers rarely discuss any aspect of sexuality with their children

  40% of the 9 to 11-year-old girls had never discussed menstruation with either parent

  85-95% of parents never mentioned any aspect of erotic behavior

  40% discussed nudity, the majority conveying negative messages

  less than 2% discussed wet dreams. (Roberts, Kline, and Gagnon, 1978)

- Of 124 mothers of 11 to 14-year-old daughters:

  20% had not discussed menstruation and an additional 16% had discussed only hygiene issues; only 4% provided detailed information about the physiology of menstruation and its relationship to pregnancy

  50% of the mothers had discussed the man's role in reproduction, but only 11.7% had discussed sexual intercourse

  most mothers had never mentioned that there are ways to prevent pregnancy. (Bloch, 1978)

Effects of Family Communication

A number of studies suggest that improving communication about sexuality within families may reduce irresponsible sexual behavior and decrease unwanted pregnancies.

- College students who received their sex education primarily from their parents instead of primarily from peers or other sources reported less premarital intercourse, intercourse with fewer partners, and a longer delay before first intercourse. (Lewis, 1973, survey of 419 college students)

- College students who indicated their mothers had played a prominent role in their sex education had less sexual experience. Based on a survey of 1,177 college students. (Spanier, 1977)

- Even limited instruction by parents significantly increased the chance that daughters correctly used contraception. (Furstenberg, 1976)

- Young women who successfully used contraception were more likely to report that their mothers were their primary source of information than were women who failed to successfully use contraception and sought abortion. (Miller, 1976)

<u>How Family Members Feel About Discussing Sexuality with Each Other</u>

- Two out of three parents have great difficulty discussing drugs, death, sex, and other sensitive topics with their children of any age. (General Mills, 1977)

  Adolescents want more open communication with their parents about sensitive topics. (Bennett and Dickinson, 1980; General Mills, 1979)

- Most parents perceive a need for assistance with their roles as sex educators. (Roberts et al., 1978)

  80% have acknowledged parents need additional training
  30% have asked for structured courses. (General Mills, 1977)

FACT SHEET #6

AMOUNT OF SEXUALITY EDUCATION BEING OFFERED

Overview

Between 60-75% of students receive at least a small amount of sexuality education by the time they graduate from high school. Fewer than 10% of students participate in a comprehensive program lasting at least 40 hours. (Kirby, 1983)

13 to 18-year-old teenagers

- In 1978, 43% had had some sex education in school; 31% had had instruction which included contraception. (Gallup Poll, Oct. 1978)

15 to 19-year-olds

- In 1976, 67% reported they had had some sex education instruction in school; 49% had had instruction on contraception. (Zelnik, 1979)

Metropolitan teenagers: females aged 15-19, males aged 17-21

- 77% had taken a course related to sex education. (Zelnik and Kim, 1982)

Random sample of U.S. high schools

- In 1978, 36% reported offering a separate course in sex education. (Abramowitz et al., 1978)

  9% less than 5 hours
  64% 5-20 hours
  19% 21-40 hours
  8% more than 40 hours

- 6% of all the schools taught these units in the 9th or 10th grades

- Most courses covered a wide variety of topics, with nearly all covering pregnancy and childbirth and about three-fourths covering family planning, contraception, and moral values. Only 6% covered sexual technique. (Orr, 1982)

School districts in cities with a population of 100,000 or more

- The Urban Institute found the following percentages offering sexuality education:

  80% in one or more schools
  75% in high school
  75% in junior high school
  66% in elementary school.

- About 25-35% of these programs were developed between 1976 and 1982.

- In districts that offer instruction, 76% of the students in the junior and senior high schools actually receive the instruction. However, only 16% of high schools offer <u>separate</u> courses in sex education.

- Of those schools that reported data:

  about 48% of the programs last 10 hours or less
  39% last 11 to 40 hours
  14% last more than 40 hours. (Sonenstein and Pittman, 1982)

FACT SHEET #7

SUPPORT FOR SEXUALITY EDUCATION

Adults' Approval of Sex Education in Public Schools

- The Gallup Poll has asked U.S. adults for almost 40 years if they approve or disapprove of sex education in public schools.

  In 1943, the first year they asked the question, nearly 70% of adults approved of such courses. In 1977, the support had risen to 77%. (Gallup, Sept. 1980)

  In September, 1981, 79% of parents favored sex education and only 17% opposed it; 66% of nonparents favored sex education.

  Eighty percent of adults felt sex education should be offered with parental consent. (Gallup, 1980)

- The National Opinion Research Center (NORC) at the University of Chicago conducted several national studies between 1970 and 1977.

  In 1970, 56% favored sex education in public schools; in 1977, 77% favored sex education. (Smith, 1980)

- Parents whose teenagers took sexuality education courses indicated:

  the courses improved their teenagers' knowledge, self esteem, and skills in making decisions and communicating with parents.

  they fully supported the program.

  (Based on a study of 17,000 junior and senior high students. Cooper, 1982)

Parental Consent for their Children Taking Courses

- Less than 1% of parents refuse permission for their adolescents to participate in sex education programs. (Kirby et al., 1983, in 10 different communities; Scales, 1981, in 23.)

Adults' Approval of Discussing Contraception in Classrooms

- In 1978, 70% agreed that contraceptive information should be discussed in the classroom. (Gallup Poll, Jan. 1978)

- In the NORC study in 1974, 78% believed contraception information should be offered; in 1977, 82% agreed it should be offered, regardless of age or grade. (Smith, 1980)

State Support for Sex Education in Schools

- Maryland and the District of Columbia require sex education in schools. New Jersey requires some instruction in family life education. Kentucky includes sex education in a list of suggested topics for a mandated health education course. Twenty-three other states encourage schools to offer sex education. The other states leave the decision to offer sex education to the local school boards. (Kirby and Scales, 1981)

- No state prohibits sex education in schools, but seven states discourage and one state prohibits instruction on specific topics. (Kirby and Scales, 1981).

- On the question of whether contraception should be taught, Maryland and the District of Columbia require and 10 additional states suggest that it be taught. Four states discourage contraception from being taught. (Kirby and Scales, 1981)

Organizational Support for Sexuality Education

- See Appendix B for 1) a list of organizations that have issued statements in support of sexuality education and 2) the joint statement of the National Council of Churches, the Synagogue Council of America, and the U.S. Catholic Conference.

Parent Support for Clinics

- 59% of teenagers and 56% of adults favor making contraceptives available to male and female adolescents. Both Catholics and Protestants have equal support. (Gallup, Sept. 27, 1978)

- About 90% of parents of teenagers believed that family planning clinics should provide contraceptives to teenagers. (Gallup, Jan. 23, 1978)

FACT SHEET #8

EFFECTS OF SEXUALITY EDUCATION PROGRAMS

Impact on Knowledge

- Numerous studies have shown that programs can:

  effectively teach facts about a wide range of sexual topics: anatomy and physiology, reproduction, methods of contraception, etc. (Kirby, 1984, review of research findings)

- Young people's knowledge of sexuality does not correlate with their attitudes, and changes in their knowledge do not correlate with changes in their attitudes. (Parcel, 1981)

Impact on Attitudes

- Sexuality education courses can make high school students more tolerant of the practices of others, but do not make their personal value systems more liberal. (Kirby, 1984, review of research findings)

- Comprehensive courses may prevent adolescents' attitudes toward premarital sexual activity from becoming more liberal. (Kirby, 1984)

- Some comprehensive programs can make adolescents' values more clear. (Kirby, 1984)

Impact on Sexual Activity

- In general, sexuality education does not increase or decrease young people's sexual activity. (Zelnik and Kim, 1982; Kirby, 1984)

Impact on Pregnancies

- Programs that combine sexuality education and adolescent health services within the high school building have reduced birth rates by about half and have substantially reduced the dropout rate of student mothers. (Brann et al., 1979; Kirby 1984)

Impact of Parent Programs on Parents as Sexuality Educators

- Parents of all walks of life in many different communities have taken courses designed to teach them to be the primary sexuality educators of their children.

  Parents gained knowledge, communication skills, and confidence in their knowledge about sexuality and their ability to educate and guide their children. (Alter et al., 1982)

- Programs for parents and their children together can increase the frequency of and comfort with parent/child communication, both during and after the programs. (Kirby, 1984)

CHAPTER 2

BUILDING A PROGRAM

Laying the Groundwork

In the introduction we discussed reasons to offer sexuality education to adolescents: to prevent negative consequences of teenage sexual activity; to prepare and support young people through numerous physical and social/emotional changes; to provide skills to handle increasing independence; to enhance parent/child communication; to counteract inaccurate, confusing media and peer messages.

Your decision about which reason(s) you will emphasize will form the basis for all the work this chapter describes. It will determine what statistics you gather, whom you contact, how you talk about your concerns, whom you choose to involve, how you develop community support -- indeed, whom you define as the relevant "community." If you are planning a small project in a rather homogeneous setting with an already established group, you may find some of the suggestions in this chapter unnecessary. If, on the other hand, you are planning to develop a program in the public schools, all of the suggestions below will be critical in preparing you to handle the variety of situations that may arise.

Although we use the word "you" in this chapter, we do not assume or recommend that these steps be carried out by one person, single-handedly. For one thing, this is a big job that requires substantial time and energy. One person trying to carry the ball alone could burn out rather quickly. In addition, initial planning will be greatly enhanced by co-planners who have different viewpoints. For example, a person from a family planning agency who is interested in developing an in-school program should work closely with someone from the schools, preferably an administrator, and a parent as early as possible, so that all three perspectives are included in the initial planning.

Gather statistics about adolescent sexual activity. Your understanding and command of the facts will demonstrate that you are serious and responsible about your endeavor and will help you educate others about the need for sexuality education in your community. Frequently, planners and school personnel are simply unaware of the extent of the need for sexuality education. For example, a high school principal may not be aware of the actual number of pregnancies among his or her students, only those which progressed and became visible.

Many State health and welfare departments keep local statistics about adolescent pregnancy, abortion, sexually transmitted diseases, divorces for early marriages, child abuse. Local family planning clinics can provide the number and ages of teenagers using their services. The fact sheets in the previous chapter provide the major national statistics which are often helpful to compare to local statistics (but cannot substitute for them). See the appendices for lists of organizations supporting sexuality education, organizations and individuals who can offer various kinds of information and other assistance, and the major journals.

Become familiar with research. Many people in this country fear that sexuality education programs will detract from family communication. However, both parents and young people are telling researchers that they simply are not talking sufficiently about any aspect of sexuality. Both parents and children are expressing interest in improving communication; many have also indicated they would be interested in taking courses to help them communicate more effectively about sexuality within their families. Family life education need not take opportunities or influence away from parents, but can encourage greater communication by opening the subject up and teaching both adolescents and parents ways to talk openly and respectfully about this sensitive subject. (See Fact Sheet #5.)

Similarly, some people assert that sexuality education teaches or encourages children to be more sexually active, that courses promote irresponsible behavior. We do have facts that dispute that assertion. Research has found that students do not become more sexually active as a result of taking a sexuality education course. (See Fact Sheet #8 and Sexuality Education: An Evaluation of Programs and Their Effects.)

Begin to keep a file of stories, letters to the editor, questions to Ann Landers -- whatever demonstrates need. Anecdotal material can be very helpful, as can statements of support from national groups. See, for example, the Interfaith Statement on Sex Education developed jointly by the National Council of Churches, the Synagogue Council of America, and the United States Catholic Conference (1968, in Appendix B).

Survey young people informally, asking them what questions they have. Or ask them factual questions:

"What are three ways a couple can keep from getting pregnant?"
"When during the month is a woman most likely to become pregnant?"
"Can someone under 18 get birth control?"

Young people's answers to such questions will undoubtedly demonstrate their need. Determine what information and needs they would like a sexuality education program to address. (Another volume in this report, Sexuality Education: A Handbook for Evaluating Programs, provides guidelines for conducting formal needs assessments.)

Talk to as many parents as possible. Find out what they are concerned about, what help they may need, what problems or concerns they see their teenagers facing, specifically what the parents would like a program to address.

Find out what sexuality education your organization or school is currently offering or has offered in the past. Include in your planning efforts those who are already involved; incorporate what they have learned from their experience.

Contact other individuals and organizations that may share your concern. Most people who are closely associated with adolescents are acutely aware of their need for education. Ask each person three questions:

- What are we already doing in this community to educate our children about sexuality?
- What do we want for our young people in this important area? (Not: Do we want sex education?)

- Whom do you know who might be interested in this?

During this period of contacting individuals and organizations to explore their experiences and perceptions, your list should include representatives of the following groups:

- Parent groups such as Parent/Teacher Associations
- Members of the clergy
- Community mental health agencies or associations
- Family service and child welfare agencies
- Pediatricians, specialists in obstetrics and gynecology, the health department, and other health providers
- Teachers, school nurses, counselors
- School administrators
- Youth serving agencies (Girls and Boys Clubs, YWCA and YMCA, Salvation Army, Future Homemakers)
- County cooperative extension services
- Community service groups (Jaycees, Kiwanis, Lions, Optimists, Ministerial Alliances, Red Cross)
- Family planning agencies
- Student organizations
- Health and education editors of the local newspapers
- Student leaders

Identify community leaders. Who influences educational efforts? Who might support your efforts? Which individuals oppose any form of sexuality education? What are their objections? However, be careful not to label everyone "opponent" who expresses concerns about or objects to sexuality education. As long as the community does not become polarized, most people who object are nevertheless approachable. Discuss with them what they want young people to learn about sexuality, how they would like to see it done, and what efforts they have made. One educator told us that she successfully involves parents who are initially suspicious of a developing program; some of these parents have become the program's strongest supporters.

Identify any potential barriers to developing programs: divergent goals among planners, lack of funds, resistance to public intrusion into family or religious affairs, inadequately trained educators. Determine how these problems can be reduced or eliminated.

Above all, involve at least one key administrator in the school, school district, or agency. Regardless of how much community support you can build, a program will never get off the ground unless some key administrator has some responsibility for it. That person should be involved:

- as early in the planning process as possible
- in all significant decisions.

In addition, whatever concerns that person expresses must be accounted for in any planning. This kind of program requires serious, conscious administrative support at every stage.

Establishing an Advisory Committee

At this point, you should be in a position to develop a list of people who would 1) be interested and willing to serve on an advisory committee, 2) make an important contribution to the planning, and 3) have community contacts that could support your efforts. Although not all successful programs have advisory committees, we highly recommend establishing one. In schools, an advisory committee that includes parents and a range of religious and other community leaders and representatives can ensure that the program truly reflects students' families and the community. The advisory committee for nonschool educational efforts serves many of the same functions as those associated with schools, especially that of creating broad representation and support. In either case, the role of the advisory committee is to:

- assist in gathering community input
- provide ongoing information to the community
- assist in designing the program
- present the program to the school board or the community organization board of directors
- support and guide the program by reviewing films, materials, approach, evaluation results
- hear and respond to concerns about the program.

Selecting Members

The advisory committee for school programs should include the following types of people:

- parents of children who may be in the program
- representative clergy or lay church leaders (Protestant, Catholic, Jewish)
- a pediatrician
- the school nurse
- a school administrator
- a school board member, if possible, or a board staff member
- a mental health agency board member
- representatives of youth serving agencies
- school faculty, especially those who are likely to teach in the program
- both liberals and conservatives (political, social, and religious)
- one or two current or recently graduated students.

The advisory board of a nonschool organization should represent the community that is being served. A mental health clinic that serves an entire city should attempt to develop broad-based community support. A youth serving agency that serves a particular neighborhood, on the other hand, would not need to ensure representation from the larger community. Advisory boards of nonschool agencies might include:

- the agency administrator
- a board member, if there is a board
- parents of youth in the agency
- youth representing those served
- a medical person
- local clergy
- a program staff person

We cannot overemphasize the importance of the board's being truly representative of the community that is being served. Accordingly, it is probably unwise to leave selection to any one person, especially one who is very committed to sexuality education. For public school programs, you may want to ask the school principal(s), parent/teacher groups, and clergy councils to add representatives; the school board could review the list of members of the advisory committee and suggest additions if the committee appears unbalanced.

The advisory committee should, above all, consist of people who support the effort and are willing to work to make it happen. A broad-based committee will inevitably disagree on questions of what and how to teach this subject, but all members should support providing sexuality education. Because it is a working committee, we do not recommend including confirmed opponents whose primary interest would be to obstruct progress. We do strongly recommend ensuring that both supportive and more concerned and cautious points of view are represented.

Developing an Effective Advisory Committee

Some of the people you will be interested in including on the committee have had frustrating experiences on advisory committees and may be as concerned about wasting their time on "one more ineffective committee" as they are interested in developing a sexuality education program. Thus, it is important to ensure that the advisory committee is a positive, productive, effective working group:

- Establish an official status. Have the school administration or agency board charge the committee with specific tasks.
- Structure agendas for meetings in advance. Clearly inform members in advance what specific tasks the committee needs to accomplish.
- Determine operating procedures: Who will chair meetings? Who will vote? Will observers be permitted? If so, in what role?
- If the group is large, designate task forces or subcommittees to accomplish specific tasks.
- So that the committee's work does not come as a surprise, make sure everyone -- administration, staff, and broader community -- is aware that this advisory committee exists and is working to develop program(s).

Above all, make sure the advisory committee's role is essential and their input used.

Completing Important Tasks

The advisory committee will need to educate itself by talking with educators and program providers who have had experience in a similar setting. We do not recommend holding initial hearings to invite input from the community, as they are frequently counterproductive. Often the people who come to such meetings represent only a small part of the community, and the planning can begin on a rather negative, divisive note. If you have already conducted the survey described earlier, such a hearing may be unnecessary; you could report the information you have gathered to the committee instead.

However, if the advisory committee decides early hearings are necessary, establish a clear, highly structured agenda for the meeting and find a facilitator with outstanding skills in group leadership. Whoever chairs this meeting should acknowledge all suggestions, objections, concerns, and questions as valid. At this stage you are not proposing anything, just gathering input. If a very large number of people come to the meeting, be prepared to break up into small groups with discussion leaders and recorders. People's strong objections to a program can be heard, recorded, and considered in small groups, thus avoiding counterproductive and confusing emotional debate in a large public forum. The issue at this stage is to give all elements in the community an opportunity to contribute to the process.

The committee must then meet over a period of time to:

- decide why a program is needed
- determine what grades or ages of children should be included
- establish what information should be included
- review and approve the curriculum
- decide how the plan should be presented to the entire community.

These are addressed further in subsequent chapters. During this planning and development stage, the advisory committee member who is also a member of the board can keep the board apprised of the committee's work.

Finally, the committee presents recommendations to the school or agency board for formal approval. These recommendations should broadly describe the decisions the advisory group has developed: the rationale (including local data), target group, goals, and objectives. In the case of schools, the advisory committee should carefully consider whether it is necessary to submit the actual curriculum to the board for approval or to ask for official responsibility for reviewing and approving the curriculum itself. In one site in our project, some community members created a furor by lifting out of context some parts of the curriculum guide that the advisory committee had submitted to the board. In any other educational endeavor, the board's responsibility is to act on <u>general</u> educational guidelines. We are suggesting that the board's responsibility be no different in sexuality education: the board should approve general guidelines and the sexuality education instructors, in partnership with the advisory committee, should retain responsibility for determining specifically how to implement the program.

We are not suggesting doing what some parents fear: "setting teachers loose" with only goals, objectives, and a topical outline. Parents do want to know what will be taught and how; they want assurance that teachers will be following an approved curriculum. And many teachers, especially new ones, do want such guidance. Thus, a curriculum committee made up of teachers should develop a curriculum according to the guidelines established by the advisory committee, then submit it to the committee for review and approval.

When the school board deliberates on the advisory committee's proposal, respected advisory committee members should be present to respond to questions and concerns, and be sure that other parents and community members who support the program are present to speak in support of it during the time set aside for public comment. At this point, having a strong advisory committee that has become knowledgeable and is broadly representative of the community will be invaluable in assisting the school board to support the committee's recommendations.

Building and Strengthening Community Support

In the previous section, we outlined the groundwork and steps we recommend to begin the process of developing a program. Educating the public and developing their support, however, is an ongoing process that ideally would continue indefinitely. As one educator told us,

> Sex educators are often too reactive to negative community attitudes. We need to take the offensive, become positive spokespeople for what we do, and encourage those who agree with us to come to our side. The key to building community support is to believe in the value of sexuality education, carefully research the need, and call upon the majority of the population who agree with that need. We are respectable, responsible citizens attempting to work with all members of the community toward the good of our young people.

The following suggestions, based on the experience of educators all over the country, are ideas for establishing and maintaining a strong community-based program. For greater elaboration of this subject, see Scales (1981) and Dickman (1982).

Try to get acquainted with local journalists in print, radio, and television. Educate them about the issues, and at the same time, establish yourself as a knowledgeable resource person. Send them interesting anecdotes and statistics. The time you spend educating journalists can be invaluable. Over time, they will become an important channel to educate the community. In addition, if you can establish yourself as one of the persons the media consults when controversy develops, you will gain an opportunity to discourage them from exploiting or sensationalizing sexuality issues and programs, and to encourage them to treat the issues fairly by presenting all points of view.

Using local data, write and speak about the need. Develop position papers, press releases, human interest stories that demonstrate the need for education about sexuality. Always focus on the basic values that your program emphasizes and that have broad appeal in the community, such as relieving anxiety about body growth in young adolescents and supporting the best in human personality.

Organize an event recognizing National Family Sexuality Education Week. Invite parents, clergy, youth serving agencies, school staffs and board members. Promote the event on radio and television shows. Tie your program to this event. Booklets suggesting programs for this week are available by writing to Planned Parenthood Federation of America, Education Department, 810 Seventh Avenue, New York, NY 10019.

Conduct classes regularly for parents, and involve them whenever possible in their children's program:

- Invite parents who have young people in the classes to an orientation session or just to come informally to discuss the rationale and curriculum for the course.
- Mail home complete course descriptions.
- Develop parent handbooks with suggestions for ways parents can initiate discussions and express their values and concerns.

- Hold parallel classes for parents while their children are taking the course, or ongoing parent education for parents of similar-aged children, regardless of whether their children are, have, or will take a course.

- Assign homework asking students to discuss particular issues with their parents, find out their parents' viewpoints, or solve a recurring problem.

- Solicit feedback from parents about their reactions to their child's class experience.

One educator considers parent education the primary means of building community support. Just as adolescents need support and guidance through this stormy period, so do most parents. In that educator's community, those parents who have had the opportunity to grapple with their own issues related to sexuality and parenting are commonly the most enthusiastic supporters of programs for their youngsters.

Submit articles for school or agency newsletters, informing parents about the program and asking for their input.

Make presentations to the parent/teacher association, school councils, medical society, clergy council, civic organizations, again providing information about the program and inviting input.

Stay credible. Meet yearly with all teachers and/or cosponsors. Educators and planners must be clear about program goals and direction so that they are not contradicting one another in the community. One important basis for community trust is staff's openness when dealing with the public in any matter of education.

Provide ongoing educational workshops for teachers, counselors, nurses, staff of community agencies, and administrators, including those who do not regularly teach family life education. Since sexuality is an issue of daily life, it helps for everyone in educational and youth and family services to be comfortable with and alert to the issues students face. In addition, such ongoing educational opportunities can facilitate "networking" in which educators exchange ideas, information, and resources, and support one another's efforts.

Inviting parent community leaders to participate in such workshops could both raise their consciousness about the need for sexuality education and give them an opportunity to give teachers direct input, to reduce any mistrust or fears, and later to reassure their constituencies of exactly what happened at the training.

Recognize that some controversy is inevitable. Some people will oppose the program itself; some may become distressed about something that happens during the program. Try to listen and learn from others' concerns. Develop support at enough levels — with faculty and staff, administrators, parents, community leaders -- that when a controversy does develop, the community, school, or organization can ride it through to a reasonable conclusion that strengthens rather than compromises the program.

Handling Concerns and Objections

To actively support any program, parents and community members must have reason to believe that the program will benefit them and their children. They must have an opportunity to raise questions about teachers' qualifications, the values being promoted, and possible effects of the program. You can learn from such concerns and

questions -- about what is not working, about your participants' families, and so on. Some of the questions, concerns, statements will reflect misconceptions, a lack of information, fears. It is important to understand such questions as opportunities to educate.

- If the person is upset or angry, simply listen.
- Show that you have heard the person's concerns by repeating what you understand.
- Ask the person who is expressing concerns or objections for more information. Frequently, the question you hear initially is somewhat different, and often broader, than what the person is actually concerned about. If you have an opportunity, ask for an example. Or ask, "What specifically would you be concerned might happen?"
- Validate the question. "That is an important question that a lot of parents wonder about." Or, "I'm glad you asked about that, because that's an important feature of our program I want you to know about."
- Answer questions directly and honestly. Whenever possible, provide clear, factual information, or say you will try to get the answer.
- Avoid becoming defensive or being swept into an argument. Avoid such statements as "Your child is wrong; I would never say/do anything like that." Instead, you might say, "I don't remember saying that in class, but if that's the impression I left with your child, it's important for me to know that. I will talk with the class tomorrow and try to clear up any misunderstandings."
- Respect the other person's point of view. Avoid any implication that the person asking the question or expressing a concern is unknowledgeable or out of step with the times. Remember that his or her input may help strengthen the program.
- Let the person know what you intend to do about his or her concern and what recourse she or he has if still not satisfied.

We have compiled some of the questions people frequently ask of sexuality educators, and asked sexuality educators and administrators from schools and community agencies how they answer such questions. Typically, our respondents first explained that how they answered would in large measure depend on the setting -- whether they were in a one-to-one conversation or a public meeting; the person(s) asking the question; the tone they used to express the concern; and so on. Still, the answers they provided reflect the rich variations in style and point of view among educators.

Question: Why is it the responsibility of this organization (school) to offer sex education when everyone agrees it's the job of the family and church? (Won't sexuality education programs risk the reputation of our organization/school that we have worked so hard to build up?)

Answer #1: Typically, the sexuality education program is trying to instill responsibility, helping children learn how to make good decisions. We're not just teaching about sex and reproduction, but about planning for the future. That

approach is consistent with everything else we do in this organization. The reputation we want is that we care about the whole child.

Answer #2: Education about sexuality <u>is</u> the family's job; the family provides every child's basic sexuality education. In turn, we do everything we can to enhance families' communication about sexuality and to involve them in our program. However, there is one important thing the family can't provide. That is the opportunity for peers to talk and learn and share openly in a well-facilitated setting. In addition, parents and young people have told researchers that they are uncomfortable talking about sexuality, that they want and need accurate information and a forum to discuss problematic issues in a responsible atmosphere. Most sexuality education programs, then, are developed with the broad support of the community and are welcomed by parents. (Fact Sheet #5)

<u>Question</u>: Isn't it best to wait until the child asks specific questions before giving information?

Answer #1: I never assume that an absence of questions means the child isn't thinking about something. You see, youngsters get so many mixed messages from adults about sexuality that they're very likely not to ask. They do not feel permitted to ask even though they're faced with lots of sexual stimulation all around them. The mixed message is: "We want you to know what you need to know, but you don't need it now (wait until you're married)." Sometimes we have to open the door to their questions. (Fact Sheet #1)

Answer #2: I believe it's very important for adults to ask children questions. Everyday, children are exposed to a lot of nonverbal messages that we as adults can perceive, but that may be confusing to a young person. Just think of the television program "Alice," where there's lots of innuendo about taking men home to bed. We need to ask questions: "Tell me what you saw or heard in that show. What do you think about that?" Shows like that depict the whole situation as funny without ever mentioning values such as how far is it appropriate to go, with whom, when, and who is taking care of preventing problems? Children's answers to our questions indicate their enormous need for information.

<u>Question</u>: My child is not thinking about these things yet. I'm afraid that introducing this topic will confuse and overwhelm her.

Possible answer: You've brought up an important difference between the way we deal with these topics in the classroom and the way they are dealt with other places. Our task is precisely to keep topics from overwhelming children, to counter myths and the way they are presented. If we look at what our children are exposed to every day, whether watching television, listening to music, observing bumper stickers, we can see that it's not sexuality education that introduces ideas. Our job is to bring the contradictory messages out into the open and have children look at them for what they are, to be aware of how they might be influenced by outside messages, to get clear about what they want for themselves in their lives. This is not just for those who are already sexually active; this is preparation for life's choices.

<u>Question</u>: Will you be teaching values? (Won't you in fact be supporting abortion, alternative lifestyles, teenage sexual behavior?)

Answer #1: At one time, sexuality educators were so concerned about not teaching values that they tried to teach about sexuality in a "value-free" atmosphere. But that approach denied the very important values that we all want to convey to our children. So we have been working to identify what values we ought to be teaching in this area. Yes, we are teaching values: that education is good, that thinking for yourself is good, that having all the information before making a choice is important, that young people have a right to information and to an opportunity to express themselves. We value caring, understanding and appreciating differences, and we oppose manipulation of others. We also encourage young people to know their families' values and to become clear about their own values in areas such as you have mentioned, so that they can behave in accordance with those values. When we do that, we are interested only in helping the young person be sure what is important to him or her, and understand the importance of acting on those principles. Therefore, it would be quite inappropriate for the teacher to support any particular lifestyle or option, as that could interfere with the young person defining his or her own position. Our goal is always to prepare teenagers to make responsible decisions, whether now or at a later time.

Answer #2: Many people are rightly concerned about whether we will attempt to override family values and encourage students to become more liberal. Our experience suggests the contrary: that after taking our course, young people tend to become more cautious in their views. In our program, we look at all aspects of an issue. Students discuss all the pros and cons, all the details including physical facts and feelings. Usually, this process results in students' reevaluating things they had thought of as "free" -- whether sex, abortion, or whatever -- and becoming aware of what they call "the tradeoffs."

Answer #3: Sometimes parents feel that they don't want their children to be exposed to other children's or families' values that may be different from their own. In fact, we are all exposed throughout our lives to many differing viewpoints. Therefore, we all need to learn how to make the decision that is best suited to our own situation; we all need to be aware of and confident in our own values and how to act on them. To help students become more aware of their own and their families' values, we have a number of homework assignments asking students to interview or discuss specific issues with their parents and religious leaders. Whenever we discuss value-laden issues, we encourage students to talk about them further at home. With parents, we stress the importance of expressing their values to their children. In our experience, sexuality education programs can increase communication about values within families. (Fact Sheet #8)

Question: Once adolescents learn about sex, won't they want to go out and do it? (Won't you be putting ideas into their heads? How do you teach contraception without endorsing teenage intercourse?)

Possible answer: Teenagers already know about the act of sexual intercourse. What they don't fully understand are all the emotional, social, economic, and health consequences of having intercourse at an early age. Thus, we are putting ideas into their heads -- ideas about the consequences of sexual activity and the need be be responsible for their actions. We also teach teenagers ways to recognize peer pressure and to resist pressure to have sex. In our experience, when teenagers think and talk about consequences and peer pressure, they often reduce their sexual activity, not increase it.

Similarly, when we talk about birth control, the first type that we discuss is abstinence. We emphasize that it is free, that it has no side effects, that it

prevents sexually transmitted disease, and that it is the most commonly used method of birth control by young people. Thus, we are not endorsing intercourse.

Question: Shouldn't we just tell kids it's wrong to have sex?

Possible answer: If by "we" you mean educators in the classroom or agency, I believe we should not tell young people it's wrong to have sex. Not all families agree about what is right and wrong for adolescents. Some parents have told me they want their child to have some experience with sex and intimacy prior to marriage as part of preparing for a long term commitment. To take a stand in the classroom that it's wrong for young people to have sex, then, would offend some families' values. At the same time, it would be no more appropriate for me to communicate in any way, overtly or subtly, that it is good for teenagers to have sex. I believe I have a responsibility to present abstinence as a viable option, to let teenagers know that "everyone" is not doing it, and to teach that people's religious and moral views deserve respect.

What we should tell young people is that many teenagers begin having sex before they are ready to handle the consequences of such behavior. We should tell them about the experiences of teenagers who unintentionally became pregnant or parents. We should also tell them that many parents believe that it is morally wrong for teenagers to have sex; that others fear the negative medical and emotional consequences of early teenage sexual activity; that others feel it is okay as long as the teenagers use birth control responsibly. And we should suggest that students discuss these matters with their own parents and other family members.

In short, I believe we must all struggle to maintain a balance. We must always respect diverse family values at the same time that we are helping students understand the importance of discussing the consequences of behavior and making responsible decisions.

Resources

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CHAPTER 3

ESTABLISHING GUIDELINES FOR THE PROGRAM

Once your organization has established its reasons for offering sexuality education and has developed support in the community, the advisory committee and program planners will begin to sit down together to design the actual program. This chapter describes the major decisions you will need to make and issues to consider during this phase. This is the time (1) to establish the target population and assess their needs; (2) to choose a model, that is, what number of hours and sessions and over what period of time you will offer the program(s); (3) and to develop goals and objectives. Steps 2 and 3 may be completed simultaneously. The decision you make about goals and objectives may affect the decision about length of the program; conversely, decisions to limit the length of the course will certainly affect decisions about goals and objectives.

Identifying the Target Population

If your organization serves 9 to 12-year-old boys, you will already have a clear population in mind. If your context is a school system or a community organization or other broad-based setting, the decision about where to begin will probably rest on your answers to the following questions:

- What population has the greatest need?
- What is your emphasis as an organization: to prevent problems, to prepare youngsters for maturation, to help those at highest risk?
- What population(s) does your agency/school/clinic serve? Whom do you have access to: preadolescents, adolescents, parents, all children?

Assessing Participants' Needs

Your reasons to offer a course to a particular population will not necessarily inform you about what they need in an actual course. Therefore, you will need to look closely at those you plan to serve to determine what they actually need:

- what they already know and don't know
- how much they have developed physically (growth spurt, other pubertal changes)
- how concretely they are thinking, whether they have begun to conceptualize abstract issues such as values, ethics, principles
- what questions they have

- what kind of social and sexual decisions they are facing including whether they are or will shortly become sexually active.

You can learn a great deal by simply observing the children's behavior: their attention span, cognitive ability, attitude toward parents and other adults, appearance, and their apparent interest in dating and sexual behavior. In addition to observation, you should probably use at least one of the following methods:

- Discuss their needs and expectations with the young people themselves. Ask them to discuss in pairs or in a small group what they would like to learn about. Depending on how comfortable and mature the group is, you may want to structure the discussion by presenting them with a list of possible topics or approaches and asking for their reactions.

- Ask for anonymous questions. Provide index cards and ask each person to write down a question or concern related to sexuality.

- Call parents together. Present possibilities and ask parents what they want for their children.

- Administer questionnaires. Develop or adapt a written inventory that taps students' knowledge, interest, and/or values about sex related topics. (Before administering any questionnaires, obtain parents' permission.)

Another volume in this report, Sexuality Education: A Handbook for Evaluating Programs, explains how to conduct a thorough needs assessments.

In some programs such as schools, you will probably establish groups or classes of young people who are approximately the same age. Sexuality educators have discovered, however, that grouping adolescents according to chronological age does not necessarily result in groups with similar needs. For example, a 12-year-old girl who has developed early and is interested in being grown up and dating may have quite different needs from a girl of the same age who is still feeling very much a child. If you have a choice, then, it will be especially helpful, before composing a group, to determine where your young people fit by examining the interaction between age, physical maturity, emotional maturity, and behavior. Even if there is no way to participate in the grouping of young people, the educator should make some determination about the mix of participants and their needs.

To do this, it may be useful to think of a continuum from early through middle to late adolescence.

Early adolescent. Female approximately 10 to 13 years old, male approximately 11 to 14:

- Is starting to move to peers but is still quite trusting and respectful of adults

- Vacillates between clinging and rebellion

- May be confused, preoccupied with body, wonders "Am I normal?"

- Is just beginning to think abstractly

Very few early adolescents are sexually active. Their concerns are typified in the following questions: Why do people have intercourse? How long does it take? How

does it feel? How does the egg come down to the womb? Does it hurt to have a baby? How does milk get into the breasts? What are wet dreams? Can someone love both sexes? Can you tell what sex a baby is before it is born?

Middle adolescent. Female, approximately 13 to 16 years old, male approximately 14 to 17:

- Continues effort to establish separate identity from parents
- Is strongly influenced by peer opinion
- May be less trusting and respectful of adults
- Strives for independence
- Often becomes idealistic and altruistic
- Is interested in dating
- Is experimenting with new ways to behave socially; is trying to establish own values
- May experiment with sexual behavior
- Loves intensely, "desperately"
- Continues to develop abstract thinking.

The following are examples of questions adolescents this age commonly ask: When is the best age to have sex? How do you know if you are in love or if it's just a crush? I'm often embarrassed to make out and I feel forced to and I'm not sure I like him (her) well enough. What can you do about relatives who tease you about dating and your girlfriend and everything? Is it very painful for the girl the first time she has intercourse?

Late adolescent. Female approximately aged 16 and older, male approximately aged 17 and older:

- Has achieved at least some independence from parents
- Has established a more stable body image
- Begins to love more realistically, with commitment and giving
- Is more selective in choosing friends, less concerned about the peer group
- Has developed a relatively consistent framework of values, morals, ethics
- Is able to think abstractly
- Is attempting to define life goals, especially for careers and permanent relationships.

Questions of older adolescents tend to be self-confrontational: How do I know whether to have sex? How do I feel about homosexuals, sex before marriage,

abortion, rape, drinking? In addition, older adolescents want specific, detailed information about such things as contraception and abortion.

Choosing a Model

To establish what number of hours and sessions over what period of time you will offer the program -- in particular, what approach makes most sense in your setting or community -- you will need to answer at least some of the following questions:

- (Schools) Should sexuality education be a separate course or integrated into existing courses? If the latter, which courses?
- (Agencies) Where in the agency's program of services does sexuality education best fit?
- Which model is feasible? Does it make most sense to start small and then, if further need and interest is evident, gradually expand the program, or to develop a full comprehensive program from the beginning?
- Can you address your concerns with a single program, or will you be developing different programs to meet different needs?
- How much time and money do you have to commit to this program?
- Do any statutes, regulations, guidelines, or by-laws influence the choice?
- If the teacher is already identified: What is his or her teaching style? Which model interests him or her?
- How will you involve parents?

Major approaches have been described in the preface, where we describe the sites of our evaluation of programs. Each model has advantages and disadvantages, depending on the setting, the reasons for offering a program, the needs of the target population, and available resources. The following are examples of models widely used in sexuality education.

Short-term programs for adolescents only usually offer 3 to 10 sessions, attempting to accomplish a few important goals in a brief period. Such programs often focus on giving information and heightening participants' awareness of important issues. Short term programs:

- usually can reach a larger proportion, possibly all, of the student body in a school
- are more appealing to youth in nonschool settings because of the small time commitment involved
- are less expensive and can often rely on substantial volunteer contribution or existing staff
- cannot treat topics in great depth but may begin a process of learning that continues beyond the program.

In addition, short-term programs may be the basis for subsequent programs. For example, a program for preadolescents that addresses their real concerns could be followed in 2 years by another program which deals with the issues middle adolescents face.

Long-term or semester programs for adolescents only usually offer more comprehensive information and opportunities for in-depth discussions of issues and developing skills.

- They can cover topics in depth, addressing factual details as well as values and feelings.
- They may improve skills and help clarify values, as well as increase knowledge.
- Teachers often become a resource for counselling and referrals because of the rapport they establish with students and their families.
- Youngsters who are not used to talking about sexuality gain comfort with repeated experience in the course.
- Comprehensive elective courses reach significantly fewer students.

Parent/child programs, which parents and their children attend together, usually focus on helping family members learn to talk about sexuality together.

- For families who have never discussed sexuality issues together, just taking the course represents a change. Hearing the same information and discussions in class seems to give permission to the young person to talk about sex.
- Parents and children learn more about the other generation by listening, not only to their own family members, but to other families as well.
- Parents know what their children are learning and can use this opportunity to communicate their values. Later, they can refer back to their common experience in class when discussing something covered there.
- Recruitment may be time-consuming.

Educational programs linked to clinic services can substantially reduce fertility rates among students when offered in schools. (Fact Sheet #8)

- Students can obtain help (answers to questions, counselling, contraceptive prescriptions, treatment) from familiar personnel virtually at the moment they need it.
- Professionals in the clinic can easily reach students for followup appointments and can help ensure that young people who are using prescribed contraceptives are using them effectively and without problems.
- They require substantial funding and administrative support.

Developing Goals and Objectives

Now come some important decisions about the program. In the first phase, you

established one or more reasons to offer a program, reasons which were probably rather broad. Those reasons will not necessarily suggest precisely what the goals of a particular course should be. You may undertake many different activities to address your concern, of which the course is only one. In the second phase, you developed support and received guidance from the community. In the third phase, you made some preliminary decisions about course format and took a closer look at the needs of potential participants. At this point, you should be ready to make statements about what effect you want the course to have on the participants.

This is also the stage that you should begin to collaborate with someone who will help with evaluation. Frequently program providers wait until after they have put on a program to ask themselves whether the program had a desired effect on the participants. At the end of a program, the most you can do is to describe your impressions and ask participants to describe their impressions of how the course affected them. However, if you want to be able to compare, for example, what participants knew at the beginning of the program with what they knew at the end, you will need to be prepared before the program begins to collect that information. If you want to find out whether you met your goals and objectives, you will need to design goals and objectives that can be measured. Obviously, the end of the program is too late to begin asking questions about its effectiveness.

Program planners often confuse statements of program goals with statements of process. For example, "developing rapport and comfort" would probably not be a goal of the course, but an important factor in reaching the goal of the course. To state goals, begin each sentence in this way: "As a result of the program, students will...."

Following are examples of goals that comprehensive sexuality education programs have proffered for senior high students.

As a result of the program:

Students will have a greater understanding of values (their own, their families', and their culture's).

Students will behave more consistently with their own values.

Students will enhance their interpersonal communication about sexuality and other topics (with parents, peers, and significant others).

Students will reduce the risk of getting and spreading sexually transmitted diseases.

Students will avoid social and sexual activity that is unwanted or inconsistent with their values.

Students will have fewer unintended pregnancies.

After you have identified the major goals for the program, break each goal down into specific behaviors. Behavioral objectives should be clear, unidimensional, equally specific, reasonably achievable, and measurable. For example, for the last goal, "Students will have fewer unintended pregnancies," the behavioral objectives might be as follows:

Some students will avoid unintended pregnancy by abstaining from sexual intercourse, and

Students who are sexually active will prevent unintended pregnancy by using effective forms of birth control.

Finally, for each behavioral objective, identify whatever participants must know, whatever attitudes they must develop, and whatever skills would be necessary to behave in such a way. In the second objective above (avoid unintended pregnancy by using ... birth control), students would need to know at least the basic facts about how babies are conceived and effective ways to prevent conception; they would need to believe at least that they are probably capable of becoming pregnant or impregnating if they are sexually active and that both partners have responsibility for preventing pregnancy; and they would have to be able at least to refrain from unprotected intercourse and/or to obtain an effective method of birth control.

Frequently in sexuality education, you will not be able to directly measure the behavioral objectives; you will have to infer from changes in knowledge, attitudes, and skills that your behavioral objectives were met. Therefore, defining the knowledge, attitude, and skill components precisely is especially important. Again, another volume in this report, Sexuality Education: A Handbook for Evaluating Programs, discusses this process in detail.

Resources

Bignell, S. (ed.) Family Life Education: Curriculum Guide. Santa Cruz, Calif.: Network Publications, 1980.

Kirby, D. Sexuality Education: A Handbook for Evaluating Programs. Santa Cruz, Calif.: Network Publications, 1984.

CHAPTER 4

DESIGNING THE COURSE

Having established the target population and goals and objectives for the program, the advisory committee and/or program planners can delegate the responsibility to plan the actual course(s) to a curriculum committee. This chapter describes the basic elements of a course, principles for planning activities and sessions, types of activities that sexuality educators often use, and recommendations for choosing print and audiovisual resources.

Keeping the goals and objectives in mind, look through existing curricula to get acquainted with what has already been developed. It is far easier and less time-consuming to adapt activities that others have developed and tried, than to develop your own. The two curricula we developed for this report -- Sexuality Education: A Curriculum for Adolescents and A Curriculum for Parent/Child Programs -- were both based on programs we evaluated and found to be successful. They offer a variety of activities and approaches to reaching particular goals and can be adapted for use in a wide range of programs and communities. In addition, Appendix A describes several other curricula you may want to consider. Some curricula offer collections of activities that relate to specific objectives; others outline an actual course from beginning to end.

Planning Activities and Sessions

We find it helpful to think of a course as consisting of three components: the introduction, the core segment, and the review and feedback component.

The introduction to the course should (1) set the stage for a trusting, accepting learning environment; (2) stimulate interest and enthusiasm about the course; and (3) reduce anxiety about the new situation. Participants should find out what topics will be covered and discuss groundrules.

The core segment of the course should provide activities designed to accomplish the objectives; participants should have opportunities to learn factual information, examine their attitudes, learn new skills, and reinforce those skills.

The review and feedback component provides closure to the course. During this final period of the course, participants have an opportunity to attend to any unfinished business (ask remaining questions and concerns); review essential concepts they addressed in the course; and evaluate the impact the course had on them.

Whatever curriculum guide you decide to use, you will need to adapt it to your own situation, your own goals and objectives, and your own target population:

- Select activities that the participants will be comfortable doing. Groups and communities vary widely in their styles of learning and openness to new approaches.

- Select activities that will encourage active participation, but at the same time, be sure the activities relate to the objectives of the program.

- Start with simpler concepts and proceed toward the more complex. For example, present or review reproductive anatomy and physiology before teaching pregnancy and birth.

- Begin with less threatening topics before proceeding to more threatening ones. For example, most students find it easier to talk about sexual anatomy than about sexual intercourse.

- Vary the types and format of activities within each session (lecture, discussion, film, small group, dyad).

- Introduce only as much information as can be adequately discussed in any one session.

- Plan ample time at the end of each session for a summary and closure.

- Include time for a break if the session is longer than an hour.

- Choose a logical flow of topics and learning activities from session to session. For example, it would not be appropriate to teach about problem solving without introducing communication and decisionmaking skills.

- Include practice activities both in and outside of class for any skills you are teaching (such as communication).

- Plan alternative activities for each session in case a particular activity is not working or takes less time than planned.

Educational Techniques

Many educators rely heavily upon lecturing, but there are many other vehicles for teaching about family life and sexuality. In our experience, young people are most enthusiastic if they can explore issues through a variety of channels, especially if they can become involved in thinking through and hearing a variety of points of view. Examples of all of the following techniques and instructions for carrying them out can be found in the curricula for adolescent and parent/child programs.

Short Lectures or Verbal Presentations

A short, informal presentation can be an effective, efficient way to impart information that students don't already have. During factual presentations, teachers should maintain two-way communication by asking questions and encouraging participants to ask questions or comment on the material.

Discussions

Young people love to discuss their ideas. Through discussion, they can share facts and ideas and at the same time become more clear about their own feelings and values and those of their peers. Educators can use stimulating questions, a

vignette, or trigger film to spark discussions and should always clearly state the topic at the beginning of the discussion.

- Small groups have the advantage that more people can participate, especially shy students who are more likely to speak up in small than in larger groups. When breaking up into small groups, avoid cliques of friends who may become more involved with each other than with the activity.

- Large group discussions (maximum 25) have the advantage of the educator's input and direction.

Brainstorming

When first addressing an issue or problem, it often helps to list all the possible ways of looking at it or solving it. For example, at the beginning of a course, we often ask students what is meant by the words sex and sexuality. After a film that ends without resolving the dilemma, we might ask students to name all the possible outcomes or solutions. When brainstorming, the educator should simply list all the ideas or solutions people suggest, but never censor or rule out any suggestion. When the brainstorming is complete, the group evaluates the ideas together to identify the most realistic or useful ones. Brainstorming can be a good way to find out where the group is, including how much students know.

Roleplaying

Roleplaying is a method of learning about human interaction that involves realistic behavior in imaginary situations and is one way to help students grapple with an issue or learn a new skill. The educator sets up a situation such as an interpersonal conflict or dilemma, identifies a few main characters, and asks students to put themselves in the shoes of those characters and use their own communication skills to handle the situation. Roleplaying has three major goals:

- to allow the players to experience the feelings of other people and thus become more empathic

- to try out new behaviors such as strategies for communicating one's own values effectively

- to provide live interaction which can stimulate and focus subsequent discussion.

Because much of the value of roleplaying is the experience of participating, educators often use small groups so that more students have a chance to play a role for audiences smaller than a whole class. Sometimes roleplays are introduced spontaneously. Other times students are given time to think about their roles or are taken aside for coaching. In any case, only volunteers should be recruited for roleplaying in large groups, and situations should always be relevant to the students.

Before the roleplay, the educator explains to participants and observers that the roleplay is not necessarily the way these young people would deal with the problem in real life; in the roleplay they are actors and actresses reacting to an imaginary situation. When the roleplay has ended, each student who participated

should be given an opportunity to describe how it felt to be that person, and helped to resume his or her own identity. Every roleplay should have at least one observer to give feedback after the players themselves have finished sharing.

With some experience, students usually become quite comfortable playing roles. This teaching technique can be an excellent way to reinforce communication skills throughout the course. In addition, if students can help plan or suggest situations to roleplay, it can be a powerful way to help them find creative solutions to dilemmas they currently face.

However, roleplaying has been a somewhat controversial teaching technique in sexuality education. For example, some people object to the idea of students being asked to roleplay making a decision about sexual behavior. Thus, teachers should choose roleplaying situations carefully and certainly avoid any that simulate actual sexual behavior.

Structured Activities

Another way to challenge students to address an issue or value is to develop activities in which they must rank their priorities, analyze the advantages and disadvantages of a course of action, solve dilemmas, vote their preference, respond to requests for advice. Often undertaken in small groups, such activities encourage participants to become more clear about their own attitudes or feelings, to share these with their peers, and to consider how attitudes and feelings affect behavior.

Structured activities get participants actively involved in learning. Participants are asked to do, perform, observe, see, or say something that will help them learn about themselves, others, or human behavior in general.

Clear instructions must be given before the activity begins (including the right of any student to choose not to participate) and sufficient time allowed to discuss what might be learned from the activity. Most structured or experiential activities consist of four steps:

- Participants become involved in an activity by acting or behaving in some way. For example, they may verbally vote or take a stand on a value laden statement.
- Following the actual experience, participants share their reactions with others who have either experienced or observed the same activity.
- After sharing, participants explore and evaluate the important dynamics or principles demonstrated by the experience.
- Finally, participants consider how they can apply what they learned to their own daily lives.

Structured activities are usually great fun. However, a structured activity should be selected not just because the students will have fun doing it, but because it will achieve the goals and objectives of the session. Admittedly, variety helps maintain students' interest in the material, but the most important part of the activity is the discussion during and after, when participants are clarifying what might be learned from the activity.

Guest Speakers

To supplement the educator's expertise or to present a particular point of view to the class, another person may be invited to a class session: a physician, member of the clergy, social worker, teenage parent, family planning educator, psychologist. One educator has invited a panel of retired senior volunteers to talk about dating and sex education when they were teenagers. Another educator invites individuals with specific experiences such as being a teenage parent. The educator who invites a guest speaker should always be sure that the guest:

- is sufficiently comfortable with the topic or experience to discuss and answer questions
- is dynamic and capable of developing rapport easily with young people
- has a clear understanding about what topics will and will not be covered and what policies or procedures must be followed
- has been approved by the administration if necessary.

Finally, whenever the topic is controversial, the educator should make sure that all major viewpoints are represented.

Film and Print Resources

Students today are accustomed to getting information from the visual media. They enjoy audiovisuals -- whether films, filmstrips, or slide/tape presentations, and are usually eager to express their own attitudes and feelings about the issues presented. Thus, audiovisuals are excellent tools for stimulating group discussions. Similarly, pamphlets, booklets, workbooks, and books can be used to supplement factual information, facilitate family communication, and provide additional intellectual stimulation.

Many schools in particular require educators to obtain formal approval from both the advisory committee and administration before using any film, book, pamphlet, or flyer. In that way, responsibility for using a particular resource is shared by the educator(s), parents, and community leaders on the advisory board, and the administration. Your organization may not consider it necessary to have such a formal procedure, but it should develop a written policy for everyone to follow.

Whatever your policy is, you should select both audiovisual and print resources carefully because they can be highly controversial. Many programs have been attacked because they included books or pamphlets that support questionable values or are sexually explicit. In fact, controversies have developed over single sentences. Some materials which at first glance look wonderful, contain questionable information or points of view.

Thus, at the minimum, we recommend using the sample review forms at the end of this chapter to evaluate every resource, and keeping a file. In addition, we encourage you to have at least a subcommittee of the advisory committee view or review each resource under consideration. Reviewers should consider whether the film or book:

- will meet the program goals and objectives

- is appropriate for the specific target population
- is free from bias in its presentation of ethnic, religious, and sex role issues.

Some schools, in response to objections to having materials on open shelves, store print resources with reference materials and require children to obtain their parents' consent to take the material out. In programs offered to parents with their adolescents, leaders have borrowed from the library stacks of books about sexuality issues -- dating, body changes, relationships, etc. -- and allowed participants to check them out until the next session. Since parents are present, they are aware of the transaction and have generally been very supportive.

The Curriculum for Adolescents provides annotated lists of audiovisual and print materials for use with adolescents, including names and addresses of publishers and distributors. Before purchasing materials for your programs, you may want to investigate borrowing or renting them from local sources such as the health department, family planning programs, public libraries, March of Dimes, Red Cross. See Appendix B for possible sources.

Resources

Brown, J., Downs, M., Linebarger, B., Peterson, L., Simpson, C., Alter, J., & Kirby, D. Sexuality Education: A Curriculum for Parent/Child Programs. Santa Cruz, Calif.: Network Publications, 1984.

Wilson, P.M., & Kirby, D. Sexuality Education: A Curriculum for Adolescents. Santa Cruz, Calif.: Network Publications, 1984.

AUDIOVISUAL MATERIALS EVALUATION FORM

Title:

Distributor: Name

Address

Phone number

Length (minutes):

Cost (purchase/rental):

Purpose: What is the goal of this film? Does it meet its goal?

Situation: Are the situations relevant? If so, to what groups?

Characters: Are the characters realistic?

What is the racial composition?

Is the acting acceptable? Compelling? Distracting?

Content: Are the facts accurate?

Are they presented clearly?

Is any misinformation conveyed?

Is any content offensive or controversial, e.g. sexual explicitness?

Messages/Themes: What are the major themes of the film?

What values are being transmitted?

Overall Impression: Did the film hold your interest?

Is any part outdated?

With what groups would you use this film?

Overall Rating:

PRINT MATERIALS EVALUATION FORM

Title:

Publisher: Name

Address

Phone number

Length:

Cost:

Purpose: What is the goal of the publication?

For what groups is this material suitable?

Reading Level: Number of words on each page

Level of vocabulary

Size of print

Graphics: Are they appealing?

Do they clarify the content?

Are any graphics provocative?

What is the racial composition?

Content: Are facts accurate?

Is any part outdated?

Is any content potentially offensive, e.g., discussion of sexual technique?

Messages/Themes: What are the major themes of the publication?

What values/attitudes are being communicated (especially regarding controversial topics)?

Overall Impression: How could the material be used?

What are its limitations?

Overall Rating:

CHAPTER 5

SELECTING AND TRAINING LEADERS

Characteristics of the Educator

Teaching sexuality education is different from teaching mathematics or chemistry, where sensitivity and warmth are ideal characteristics, but probably not absolutely necessary to effective instruction. A mathematics teacher who is uncomfortable discussing personal issues may still be able to guide students' discovery of mathematical principles. A teacher of sexuality education, on the other hand, must continually deal with the sensitive areas of physical and emotional growth and development and will in many ways become a role model. For that reason, the teacher's personal qualities -- honesty, integrity, acceptance of others, caring about people, and self respect -- are usually much more important than his or her age, sex, marital status, or ethnicity. With this in mind, we recommend that you search for a person who:

Wants to and is prepared to teach this subject:

- Is genuinely enthusiastic about teaching sexuality education.
- Has participated in human sexuality courses or workshops or is willing to participate. (We discuss the nature of such training later in this chapter.)
- Reads or is willing to read about recent research in human sexuality to keep current in this rapidly changing field.
- Understands and appreciates what it is like to be an adolescent.
- Appreciates cultural/ethnic issues in students' experiences.
- Has a clear understanding of the basic values of this society.

Has important classroom skills:

- Is capable of effectively handling potentially sensitive questions or situations.
- Is able to keep individual sexual concerns or feelings from affecting classroom instruction.
- Is capable of creating a classroom environment that is conducive to expressing feelings and opinions.
- Can teach without imposing own values on students; can support diversity of values among students and their families.

- Uses effective communication skills.
- Demonstrates genuine warmth, empathy, openness, concern, and respect for others.
- Has good rapport with and enjoys students; is capable of gaining students' trust.
- Respects all individuals, regardless of individual differences.
- Has a sense of humor.

Supports the program:

- Supports the basic values of the community and our society.
- Is committed to supporting parents as the primary sexuality educators of their children.
- Is capable of gaining and keeping the trust of the administration and the community.

With such a long list of desirable virtues, it may seem impossible to find such a person to teach in your program. Some programs need to find a person not on staff who comes prepared to teach sexuality education; others may need to use someone who is already on staff or in the community. You will notice that some of the characteristics can be developed in training programs: knowledge, group facilitation skills, clarity about one's own values, even comfort with one's own sexuality. Probably some characteristics cannot be developed sufficiently, if absent: appreciation for, enjoyment of, and rapport with adolescents; sense of humor; self respect; willingness to teach this subject; respect of administration and community.

Possible red flags. If you are considering a person for a position of sexuality education teacher or leader and notice any of the following characteristics, you should seriously consider the impact of that characteristic on your own program. Some problems or shortcomings could be overcome with further training; how critical any one problem is depends on the nature of your program. Examine whether the applicant:

- expresses reluctance to teach the subject; feels pushed into it; resents the additional responsibilities.
- is awkward when talking about sexuality topics; gets embarrassed using the language of sexuality.
- has difficulty getting along with people or has a history of being difficult to work with; has a tendency to respond to attacks with counterattacks, or to become defensive when criticized. (This characteristic is especially important in a school setting, where an educator is inevitably criticized from time to time.)
- offends parents, views parents negatively, or minimizes parents' role as sexuality educators.
- seems unfamiliar with teenagers' experience; tends to stereotype adolescents; seems unaware of the differences between adolescents' experience today and his or her own experiences growing up; is hypercritical of young people.

- believes there's only one right way to look at something; insists on own point of view; criticizes people who disagree or who make different decisions from own; holds strong views about a controversial sex-related issue and tries to push them on others.
- inappropriately discloses highly personal information about him/herself.
- tends to see the opportunity to teach sexuality education more in terms of the opportunity it would provide to work out his or her own issues rather than to facilitate students' development.
- seems seductive toward students, has unclear professional boundaries about relationships with students, uses sexual slang when teaching, tells sexual jokes, tends to sensationalize sex.
- appears stiff, insensitive, unresponsive to students as persons.
- is careless in preparing for classes; uses films and other resources without previewing them.
- expresses stereotyped assumptions about racial groups, sex roles, or alternative lifestyles.
- would reflect badly on your program if he or she became the focus of public attention.

In short, you should choose a person who is willing to teach, is able to relate well to students, and is respected by the administration and community.

Many educators have expressed concern about whether educators can work successfully with students of another culture. It is definitely a challenge to lead groups with children of a different culture. Being of the same culture as the group is clearly an advantage; a Black teacher, for example, would probably be able to establish rapport and trust more quickly with a group of Black young people than could a comparably experienced White teacher. However, there are several things teachers can do to prepare themselves to work with students of a different culture: honestly explore their attitudes about the other cultural group, talk with educators from that group who have experience working with youth, establish themselves as learners, assess specific needs, use relevant materials.

On the other hand, one must recognize that no group is homogeneous; every classroom or youth group is pluralistic if one includes family income, amount of education, traditional nuclear families versus single or step-parenting, religious orientation, lifestyle, and so on. A teacher must be able to avoid stereotyping anyone on the basis of one or another characteristic. Instead, she or he should strive to treat all students as individuals and help young people learn to do the same.

Choosing Training for Teachers

What is needed? In general, the purpose of training is to prepare the teacher or enhance a teacher's ability to sensitively and competently conduct sexuality education programs. We have described the important characteristics of teachers above. Training should help educators:

- develop or update a knowledge base in human sexuality, including knowledge of facts and resource materials and people

- exchange ideas, information, and resources with other professionals

- recognize parents' role as primary sexuality educators of their own children and clarify the educator's role and responsibilities toward families

- begin or continue to evaluate attitudes related to human sexuality (to improve their ability to comfortably facilitate objective discussions)

- develop and practice new teaching and group facilitation skills.

Just as students have widely varying needs, so do teachers. One person may have highly developed skills in facilitating adolescent groups but may be relatively unfamiliar with the field of human sexuality. Another may be relatively acquainted with the facts of human sexuality, but has never consciously examined his or her feelings and attitudes. However, there is some agreement about a minimum level of training for people entering the field.

Anyone who wishes to provide sexuality education should take at least 30-40 hours of training. Many experts recommend that this initial training be taken in an intensive week-long residential workshop or seminar. That format makes it possible for trainees to work together at many levels, formally and informally, and to integrate many areas of their learning. However, because week-long courses require a serious time and financial commitment, they are often not feasible, and some new teachers must put together a package of shorter, more accessible programs.

Whether a week-long course or a package of courses, new teachers need training that will cover all of the important facts, attitudes, feelings, ethical considerations, teaching approaches, and sample classroom activities for major issues in sexuality education. In addition, because training should prepare the educator to conduct a program, the training should provide opportunities for each trainee:

- to prepare and conduct activities for which they receive constructive feedback from the trainers and other participants and

- to observe the trainers modeling and other participants conducting activities.

Schools or organizations that will have several people teaching in the program may hire a consultant to develop a training program specifically for those teachers. There are several advantages to organization-sponsored training. The trainer(s) can work directly with the approved guidelines and curriculum material. The teachers-in-training can become acquainted with activities they will be carrying out and address the specific needs of the school, organization, and/or community. They can begin to develop a support group with others who will be implementing the same program. And frequently space can be made available at no extra cost for parent leaders, administrators, and others who may not expect to teach but will be closely involved in some way.

Recognizing suitable training opportunities. Finding training that best suits teachers' styles of learning, schedules, available finances, and training needs is important and not necessarily easy. Whether you are an individual seeking training, or an administrator planning for one or more educators, we suggest the following guidelines:

- Be clear about what you need at this stage. Assess yourself (or your teachers) honestly with each item in the list of important teacher

characteristics at the beginning of this chapter. If you are part of an ongoing program, examine students' records and class evaluation forms to identify areas that need improvement.

- Read the spring issue of the SIECUS Report, which compiles a comprehensive list of summer workshops being offered around the country. In addition, read the publications of and contact the major organizations that offer or advertise training (AASECT, Planned Parenthood, Title X Regional Family Planning Training Centers, ETR) to discuss what they might be planning or know about. Place your name on mailing lists.

- Talk to others in the field about their training experiences. Find out which trainers they found helpful and why.

If you are considering taking a particular course, research the faculty and the workshop or seminar design. A big name in sexuality education does not necessarily guarantee a positive training experience; someone who is hardly known in the field may be an excellent trainer. Faculty that have direct experience in both sexuality education and training will probably be most helpful.

- Try to find out exactly what will be covered in all three areas: knowledge or factual content, attitudes and feelings, educational skills.

- Talk to someone who has taken this course or a course from some of the same trainers; try to find out about style and approach.

- If you can, contact the trainer to ascertain for what level of experience the course is being designed and to get a sense of the approach that will be taken. Just talking with the trainer should give you an insight into whether she or he is open, nonjudgmental, and supportive, and whether the course will fit your style and needs.

One expert trainer suggested using as a yardstick the proportion of the training that would be devoted to lecture versus experiential activity (including discussion). She limited lecture to no more than 50%; others would limit it even further.

Continuing education. Updating knowledge about sexuality, examining the place of sexuality in one's own life and society, developing skills to work creatively and sensitively with young people, keeping in touch with other educators -- none of these tasks is ever complete. In addition to the initial minimum of 40 hours of training, you will need to continue the process as long as you are teaching sexuality. The number of ways you can do that is, again, limited only by your imagination.

For example, in 1975 some sexuality educators in Washington, D.C., began to meet together to provide support and to share ideas and eventually formed a grassroots volunteer organization of individuals from a variety of disciplines who shared an interest in sexuality education. From a core group of 25, the Sex Education Coalition of Metropolitan Washington has now grown to a membership of over 300. The Coalition presents bimonthly programs on current sexuality issues, regular workshops, and an annual "media fair" where members can keep up with developments in audiovisual and print resources. It also publishes a quarterly newsletter and maintains a resource library from which members can borrow curricula, books, and films.

Another nonprofit group, ETR Associates in Santa Cruz, California, has been providing consultation and training to California school districts that are developing family life education programs. ETR is currently developing a nationwide network and a quarterly journal, Family Life Educator, specifically to help sexuality educators keep in touch with one another. Names and addresses of ETR, the Coalition, and other organizations can be found in Appendix B.

In addition to organizing or joining with such group efforts, there are a number of ways to continue your education. Some of the following suggestions are most practical for educators who work in settings with a number of other educators; others would be available to anyone:

- Sit in on an experienced teacher's class, paying close attention to his style -- the way he introduces activities, leads discussions, follows through on (processes) films, handles difficult interactions, creates a flow from the beginning to the end of the session.

- Co-lead groups with another educator, and discuss your perceptions afterwards. Discuss the interventions you each made and your reasons.

- Discuss your teaching experiences with colleagues. Find out how they handle different situations or issues, what resources they use.

- Invite other professionals in sexuality education to visit your program, make suggestions, and discuss new developments.

- Organize a study group that meets regularly to discuss textbooks or issues members present.

- Plan inservice training sessions, both for the family life educators and for other professionals; invite local experts in related areas.

- Consult medical professionals to keep up to date on such topics as adolescent development, contraception, STD.

- Attend workshops and national meetings; use these opportunities not only to keep up to date, but to keep in touch with other educators in your field.

- Read prominent journals regularly (the SIECUS Report, Sexuality Today, Journal of School Health, Emphasis, Family Life Educator, Family Planning Perspectives, Medical Aspects of Human Sexuality). See Appendix B.

Finally, listen to young people and their parents. Your interaction with them may be your most valuable resource for staying in touch with important issues.

Resources

Beresford, T. How to Be a Trainer: A Self Instructional Manual for Training in Sexual and Reproductive Health Care. Baltimore: Planned Parenthood of Maryland, 1980.

Cole, E. Guide to selecting the leader. Bridging the Gap Between Youth and Community Services: A Life Skills Education Program. New York: Salvation Army, 1982.

Cooper, L. The Selection and Preparation of Family Life Educators: A Review of the Literature. Santa Cruz, Calif.: Network Publications, 1982.

Quinn, J. The Sex Education Coalition of Metropolitan Washington: A Model for Community Interaction. Rockville, Md.: U.S. Dept. of Health and Human Services, 1980.

Wagman, E., & Cooper, L., with Rodenberg Todd, K. Family Life Education Teacher Training Manual. Santa Cruz, Calif.: Network Publications, 1981.

CHAPTER 6

IMPLEMENTING PROGRAMS

In previous chapters, we have discussed ways to build community support for a program, design the course and program(s), select and train teachers. Those chapters were directed primarily to program planners and administrators. This chapter discusses instructional issues and is primarily directed to educators who are actually implementing the program. However, it should also be useful for program planners to understand better what actually happens in sessions.

Establishing the Course Atmosphere

Because the subject is sexuality and involves participants' most personal selves, the atmosphere in any program should be as relaxed and open as possible. Throughout the program, you will move in and out of three major components: giving information, teaching life skills such as communication and decisionmaking, and helping participants identify and become clearer about their own attitudes and values. During each of these components:

- Encourage participants to discuss all points of view openly.
- Ask them for their opinions and feelings.
- Be careful not to allow your own opinions to influence the discussions.

Most sexuality educators have ground rules, whether these are explicitly stated or not, that enhance an atmosphere of trust and sharing. In one way or another, they communicate the following points:

- Differing values and viewpoints are expected and will be discussed openly in the class. Ridiculing or degrading a person for values, viewpoints, or feelings will not be permitted.
- Students are free to ask any questions they have about sexuality, although the teacher may not have all the answers (or may not be allowed to answer a particular question). No question is silly.
- Everyone is encouraged to participate, but no one will be pressured to do so.
- Disclosing the personal experiences of others, whether present or not, may be disrespectful of their privacy. Students will be encouraged not to name another person, but to give examples of "a person I know."

Specific Teacher Interventions

During our discussion with teachers from the various sites, we identified many specific behaviors and strategies with which teachers can 1) help enhance participants' self esteem, 2) reinforce basic concepts from the course, and 3) maintain a constructive learning environment.

Enhancing Participants' Self Esteem

Be positive. Whenever possible, respond to participants' comments, concerns, and questions in a positive, affirming manner. For example, one teacher stated that many of her students are self critical. She often hears comments such as "I'm so fat." She responds by saying, "I understand what you're saying. Sometimes I feel that I'm too fat also. I'm always dieting. On the other hand, it bothers me that our society places so much emphasis on being thin. What do you think?"

Since many of the discussions in a family life education program revolve around attitudes, it is easy to insist that there are no right or wrong answers, yet young people still wait to see if they are right or wrong. When responding to a students' statement of a myth or stereotype, one teacher explained, "I let the young people know that their ideas are valuable and important. If a student states a myth, I begin my response by saying "A lot of people would agree with you. However...."

Develop a relationship with each participant. Relate to each participant as an individual. Know all their names and use them during class discussions.

Outlaw "putdowns." Explain how you feel when you hear a "putdown." Ask students to remember a time when they may have been unfairly criticized or teased. Ask them to draw upon those feelings to understand how others might feel when they get put down.

Reinforcing Basic Concepts

Help young people develop empathy. One universal value that we support in our curriculum for adolescents is respecting all people as human beings regardless of race, culture, sex, religion, or lifestyle. One way to reinforce that value is to set up situations in which participants get to experience what it feels like to be different. One teacher who frequently overheard students refer to Spanish-speaking students as "dumb foreigners" arranged with the Spanish teacher in her school to talk to her class for the first half of a class period. Privately, she asked him to speak only in Spanish with only the Spanish-speaking students. He arrived at the beginning of the period, announced that their regular teacher had been detained, and proceeded to speak Spanish with a few students. By the time the regular teacher arrived, the English-speaking students were angry because they were being left out. She then helped them think about what it's like to have to communicate in a foreign language and to recognize that they were not "dumb" because they couldn't communicate in Spanish, just as Hispanic students who cannot communicate fluently in English are not "dumb."

Exercises can also facilitate this process. For example, to help young people respect the other sex, one could ask males to think of advantages and disadvantages of being female, and vice versa.

Reinforce communication skills. The best way to reinforce communication skills is to model them yourself. Listen carefully to the youngsters. Maintain eye contact with them. Use I-Messages in the classroom. Continuing the example above, one might say, "Ronald, when you use words like 'dumb foreigner,' I get angry because I don't think you're showing respect for your classmates."

Intervene when students make unclear or hazy statements. "I'm not sure I'm following you." "Say that to me one more time." "Are you saying that...?"

It is especially effective to demonstrate how to defuse an attacking statement. One of our instructors described an incident at the end of a session in which a youngster named Mary blurted out, "That was a worthless film and I hate this dumb class!" The teacher's first reaction was to feel somewhat defensive. Then she recognized that something else might be bothering Mary. In the subsequent dialogue, Mary revealed that it was hard for her to watch the film because she was anxious about finals coming up. The teacher was able to express interest in her and other students' concerns about finals and used the incident later to discuss communication skills.

Ask participants to use decisionmaking skills. Whenever appropriate, develop opportunities for the young people to use decisionmaking skills in the program. For example, give them choices regarding activities or assignments and guide them in employing the techniques you have taught them.

Maintaining a Constructive Learning Environment

Make the program a special experience. In as many ways as possible, establish an atmosphere that encourages participants to feel special, unique, inspired, and accepted.

Be yourself. Allow your own personality to influence the classroom atmosphere. You may admire another family life educator for certain approaches that you think are particularly effective, but which feel uncomfortable to you when you try them. Although we have identified certain qualities that we think are important, it is probably most important to come across as an authentic human being with real emotions, a sense of humor, strengths as well as flaws. At the same time, do not bring your personal problems into the sessions. Adolescents do not need their instructor's troubled home life or conflicts with colleagues to add to their own burdens.

Facilitate discussion in a relaxed manner. Particularly in sexuality education, students sometimes need time to think about their answer to a question or work up the courage to speak. Thus, it is important not to become impatient if students do not immediately respond to a question. Instead, ask a relevant question, and give students a minute or so to think about their response. Don't be afraid of silences.

It is easy, but deadly, to go over and over small points. As one of our teachers says, "Don't beat a dead horse!" Instead, discuss a point thoroughly but take the cue from the group when interest in the discussion is waning. Another teacher tries to change before discussion wanes. She watches for the moment that interest peaks and changes direction at that point. Obviously, such sensitivity requires experience.

Be flexible. From time to time, you will conduct an activity that "flops." It happens to the best of us. If this happens, acknowledge it to the class. "When I planned this activity, I thought it would help you to become more aware of your attitudes toward exploitation in relationships. Now I'm wondering if that goal was achieved. What did you get from this class session? How could it have been more helpful?" You may decide to adapt the activity for future use or to discard it. Ask students for their input.

Be aware of school activities. There are some days -- days during or just before yearbook picture-taking, final exams, major vacation, prom, and class night -- that students will probably have difficulty devoting their full time and attention to class work. At such times, one teacher negotiates with her students: if they will spend the first half of class on class work, she will give them the second half to discuss the upcoming activity.

Expect embarrassment, especially among younger adolescents. Don't interpret laughter as disinterest or a lack of readiness.

Use humor. Some adolescents may be discussing sexuality openly in front of the other sex for the first time in your program. Occasional humor (in good taste) may help reduce embarrassment or tension and improve rapport.

In addition to the above guidelines, the educators we spoke with provided the following sample answers to specific questions educators often raise.

Question: I always have some adolescents in my groups who can hardly read and write. What teaching approaches work with them?

Answer #1: These youngsters learn by doing, so we have a tremendous amount of involvement. We brainstorm, make lists on large sheets of newsprint of all the possible consequences or feelings about a situation. We set up situations and roleplay different ways to handle them. I always try to talk with ordinary words and to continually define what I or another person is saying so that no one can misunderstand and everyone keeps up with the discussion.

Since comfort and trust are so important in sexuality education, it would be inappropriate, especially in short term programs, to place reading and writing demands on adolescents with poor skills. I avoid activities that require reading and writing until I have a chance to assess the skill level in the group. If I must use a written inventory, I read it aloud along with the group. Remember, such youngsters usually have quite adequate social skills and can participate in verbal activities successfully.

Answer #2: As a schoolteacher, I believe I share responsibility with other teachers for encouraging all students to read and write. Almost everyone can read something, even if it's written at an elementary school level. The trick is to tailor the reading assignments to the reading level or ability of the individual. We have no required reading, but everyone is required to read something, usually something they select with their parents. I might give out pamphlets with big print to poor readers or ask them to read a popular romantic novel and critique it: what assumptions does the author make? What values does the author communicate about love, sex (extramarital, premarital, casual, committed), and sex roles? Often high school students who are reading things in English class that they have neither the skills for nor interest in, discover that they enjoy reading material they can handle and are interested in. I ask everyone to write answers to Ann Landers-type

questions; everyone can respond in some way, even without strong English or writing skills.

Question: I work with innercity kids who are very streetwise. The usual sex education techniques would never work with them.

Answer #1: Streetwise does not mean informed. Let's not forget these are young people with the same needs for knowledge, mutual respect, opportunities to express themselves, and support. The first step is to develop rapport with these young people (as with any). Find out what they are interested in. Learn their language. Use your sense of humor and choose activities that are action-oriented and relevant to their lives. Use films; avoid written, abstract activities.

Answer #2: Let's be sure we understand what makes these youngsters different. The question is still, what do they want to know about life, relationships, and sexuality? All adolescents, wherever they live or however they present themselves, are scared, unsure of themselves; they don't know what's happening. They all need love, caring, a sense of belonging, and information.

Question: I never quite know how to handle the direct questions about me. For example, how do you answer a student's question about your views on abortion?

Answer #1: I would turn such a question back to the questioner: "Well, John, let's define specifically what you mean by abortion." After the term has been defined fully, I would ask the student whether he thought it was okay for a teenager to get an abortion and then reflect back what I heard him say. For example, "So, John, you have thought this through very carefully and you think abortion is murder, is that right?" Then I would turn to the class and say, "John has thought this out and he is expressing a clear value, that abortion is murder. Are there some other values about this issue one of you would like to express?" Usually someone would mention the importance of women having a choice; someone else would mention opposing abortion, but making specific exceptions in situations like rape. Then I would say, "This shows us how controversial this issue is and I'm really pleased that you're thinking these things through and able to articulate your views about this very important issue. The fact is that abortions are legal, but values come in too, and our job is to know what values we hold and why."

Very occasionally, the person persists in demanding to know my view. Then I would say, "I think it's important that all our beliefs are our own and special. I know you are used to listening to teachers as authority figures, and I can't be an authority figure about so value-laden a topic. Values are always the result of life experiences and are not 'taught' in the classroom. The point here is to help you recognize and express your values clearly and well."

Answer #2: After we get to know one another in the program, I may answer questions about my feelings or beliefs, but would add, "These are my feelings, that come out of my experiences, what I was brought up with. By no means is that the way you have to think. Everyone must come to his or her own position and I respect whatever yours is."

What I never answer is the question about my current or past behavior: "Did you have premarital sex?" "Did you ever have an abortion?" I tell them, "I probably wouldn't mind answering that question, but my behavior is personal and

isn't relevant to you." In turn, I never ask youngsters what they do, only what they are feeling and thinking.

Question: How do you handle racist or sexist putdowns?

Possible answer: One of our most basic ground rules is "No put downs or judgments." As a teacher or leader, I feel I must set the tone by modeling appropriate behavior. If a youngster makes racist or derogatory comments, I try to address my concern to the whole group: "I'm beginning to feel like the ground rules are not being respected. It's fine for group members to express their attitudes, but not in a manner that is disrespectful or hurtful toward another member. Let's see if we can identify the real issue here." Sometimes I speak to the offending individual after class.

If one member is being attacked, such as a boy by a group of girls, I usually try to reflect that back to the group: "Frank, the girls seem to be ganging up on you. How are you feeling?" If a boy is stereotyping girls in general (Girls do this, girls are...), I might say, "Let's let the girls speak for themselves as individuals. What do some of you think about this?"

Question: In one class I led, we were discussing changes that came with puberty, and as soon as I mentioned acne, someone looked over at Jamie and made a teasing remark about his pimples. Within seconds all eyes were on him. It was very embarrassing.

Answer #1: Whenever there is a specific issue, I defuse it by generalizing to everyone, that everyone has to deal with that at some time. I talk about my own adolescent acne (which is obviously gone) and how I felt about it. Everyone has some acne at some point in their lives; what matters is how we feel about it and what we do about it. As a teacher, I can't make the atmosphere loving, but I can certainly make sure it's just and fair.

Answer #2: In groups with preadolescent children, I have dealt with that situation by making a group comment that diverts the attention away from the child with acne. "I think I just overheard some teasing in the group. That concerns me because I know it can really hurt to get teased. Let's stop for a minute. I want everybody to remember some time in your life when you got teased, maybe by friends or a brother or sister. Everyone has been teased about something. Who can remember being teased?" Preadolescent children will usually respond to such questions by telling various stories about being teased -- for performing poorly in sports, having skinny legs, having a crush on someone. After a few people have shared, I ask them how they felt when they got teased. I end the discussion by asking them to remember these feelings the next time they consider teasing someone in the group.

Question: What do you do about language -- or more specifically, offensive language -- in the course?

Answer #1: I lay down the ground rule that we use scientific, correct words in the classroom. We do, however, have an exercise of listing the various slang words people are aware of, then analyzing them. Usually the students notice that most are putdowns, especially of women; most of the words are harsh or hostile. They do not connote joy or caring or positive sexuality. Students need to know how those words are heard and that they are heard differently by different people, depending on

their experiences. I do tell them that this ground rule in the classroom does not mean they should never use slang. For example, if two people are in a loving relationship and agree to use specific slang expressions, that's a whole different matter. Outside of the classroom, the decision depends on individual and family values.

Answer #2: Of course, it would always depend on the situation. If someone is using a word to explain a point of view, I would accept the use of the word, then whenever possible, reuse the word myself, define it, and identify the correct word. At the same time, I try not to assume that I know the meaning of a particular slang word. Meanings change over time; the same word can mean different things in different communities and regions of the country, even to different groups within the same community. If a student uses a slang word that I am unfamiliar with or think may have a special meaning, I ask what the word means to him or her.

Sometimes, a young person will use sexual slang to shock. If we don't shock, the expression loses its power. Again, I would very calmly reuse the word myself and say that in case anyone is not familiar with the word, that's a slang expression for such and such and it means this, then go on with the discussion. Students stop trying to shock if the adult won't shock.

Sometimes I myself introduce slang to make sure we all know what we're talking about. For example, I might say, "Some of the words you may have heard are...." Or if someone uses a word like "clap," I would simply say, "Clap is another word for gonorrhea. Since some people are offended by that word, we'll use the correct terminology here." I try to help students understand that the situation usually dictates what language is appropriate. For example, scientific language is most appropriate in the classroom, the doctor's office, and usually when talking to parents.

Question: No matter how much I emphasize being personally responsible for what they reveal, at some point in the course, someone begins to say something I think they'll regret later. How should I handle this?

Answer #1: First I would interrupt: "As I hear you talking, I can see there's something very meaningful to you and I'd like to talk with you about that." Then I would generalize to everyone's experience and move the discussion along. After the session, I would tell the young person: "I want you to be able to live out there with what you say in here. Even though in the emotion of the moment you wanted to say that about your mother, I fear that later you wouldn't want to hear it back from the others. Can we talk about your concern now?"

Answer #2: This is very difficult in our small community where everything is everyone's business. You're really not free to open up and say "I have a friend or relative" because there's someone in the class who will be able to identify the person you're talking about. As a teacher, even I have to be careful when giving examples. One way I help with this is to give everyone a blank sheet each Friday and ask them to write anonymous questions which I can then answer without endangering confidentiality.

Answer #3: First I'll answer that about the older adolescents, tenth through twelfth grade. Usually they would not reveal more than they're comfortable with. I've had students in class who talked about their experiences having sex or being abused. I let them do that because I sense they are in touch with what they are doing and choosing to. Afterwards, I have thanked them for sharing so much and

reminded the class that that was really personal information, that rather than gossip about it or use it in any hurtful way, we need to remember how special it was that she shared this so we could understand what it was like for her.

Younger adolescents are less likely to know where to stop, so I would be more careful with their disclosures and if necessary, suggest that we wait and talk about this at a later time (outside of class, student to teacher).

Involving Parents

As we have suggested repeatedly throughout this volume, any planned sexuality education program should be designed and implemented with the full knowledge and understanding of parents. That process is discussed in Chapter 2. In addition, programs should attempt as much as possible to encourage young people to talk with their parents or other caretakers about sexuality issues. There are a variety of ways to do this, some in the classroom in the way you handle discussions, others which involve parents directly.

Notify parents. At the minimum, every program should notify and obtain parents' approval for each child to participate. Some programs obtain a signature showing that the parent is both aware of and agrees to the child participating. A parental consent form should 1) describe the goals of the program and topics that will be discussed and 2) invite parents to attend an orientation session or bring questions and concerns to the leader or administrator.

However, youth agencies, church groups, and school programs that have integrated family life education into their programs as separate units often do not use separate permission slips for the family life component. In such groups or communities, the fact of sexuality education is so well understood that a separate communication with parents that draws any more attention to the sexuality education program or course than to others is considered unnecessary. Schools may, for example, rely on parents' signing the students' overall registration card each quarter or semester. Nevertheless, all programs should notify parents, provide a full listing of the course contents, and in the case of schools, provide an alternative for any child whose parent refuses permission.

The number of other ways to involve parents in their children's program is probably limited only by your imagination. The following summarizes the major ways educators have told us about.

Provide reading lists for parents. Some parents are grateful for the books and materials their children bring home from class and are unaware of the variety of books and pamphlets specifically addressed to parents. When preparing a reading list, consider the needs and values of your students' parents:

- What are they expressing a need for -- basic factual books about sexuality, assistance with sexuality-related discussions?
- How well and how much are they likely to read?
- What are their values?
- What materials are available at local libraries and bookstores?
- Would parents be more likely to use books aimed at parents or those written for parents to read with their children?
- Do their children have special needs or interests that you would like to give parents more information about?

Develop a pamphlet describing your program for parents. Describe:

- the reasons the school or agency is teaching this subject
- the process of community planning used to establish the program
- the goals, content, and outline of each session, term, or unit
- activities that parents could do at home while their children are taking the course.

Invite parents to meetings where they can get acquainted with the teacher(s) and the curriculum. This could consist of an orientation session in which you review the course, explain each unit, answer parents' questions, and possibly suggest ways for parents to start conversations with their children. In a school program, you might do this during Back-to-School Night. Many teachers find these sessions helpful not only in reassuring parents about the program, but in keeping in touch with and learning from parents what they are concerned about.

Assign homework activities that involve their parents. Have participants interview parents about their own experiences (puberty, sex education, dating, pregnancy, childbirth, becoming a parent), their attitudes toward important issues, goals in life, important decisions they have made. Our curriculum for adolescents provides many examples.

Courses for Parents

Educators all over the country have begun offering courses for parents to help them become more effective sexuality educators of their children (Alter, 1982). Although multisession courses are a great deal of work and require a serious commitment of time and energy, parents of all walks of life are taking such courses enthusiastically. As mentioned earlier, many parents feel quite ill-equipped to teach their children, some because they feel poorly informed, others because they are confused about what they believe, others because they are uncomfortable with the subject and have never learned themselves how to deal with it in a straightforward, open way.

Courses for parents can help them become more aware of their role as sexuality educators, evaluate their own sexuality education, become more clear about the values that they hold, develop skills to communicate effectively with their children. One of the volumes of this report, Sexuality Education: Curriculum for Parent/Child Programs is based on the work of the Family Guidance Center in St. Joseph, Missouri. In addition, we have previously written 1) a curriculum guide for multisession courses for parents, 2) a curriculum for programs for parents and their children (both of which can be adapted for a variety of uses), and 3) a guide to implementing such courses (Alter and Wilson, 1982).

Resources

Alter, J., & Wilson, P. Teaching Parents to Be the Primary Sexuality Educators of Their Children. Vol II: A Guide to Designing and Implementing Courses. Vol. III: Curriculum Guide to Courses for Parents. Vol. IV: Curriculum Guide to Courses for Parents and Adolescents Together. A.T. Cook (ed.) Santa Cruz, Calif.: Network Publications, 1983.

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CHAPTER 7

LINKING YOUNG PEOPLE WITH MEDICAL SERVICES

The Gap Between Young People and Services

Comprehensive sexuality education programs can inform young people about the process of reproduction, the usefulness of birth control in preventing unwanted pregnancy, and the ways different methods work. Programs may help young people clarify their values and beliefs, learn better ways to communicate about sensitive topics, and make more responsible decisions. However, research shows that most programs neither increase nor substantially reduce sexual behavior among young people, and programs certainly do not eliminate young people's taking risks sexually. Many young people delay seeking effective contraceptives until several months after they first have intercourse. During those months, many become pregnant.

Most young people today have access to family planning services in the sense that low cost or free services are relatively near their homes or schools and that the service providers are available and eager to help. Indeed, when Zabin (1981) asked 1200 sexually active teenagers why they had not been using an effective form of birth control, only a few indicated that they did not have access to a clinic, that the clinic was not sufficiently convenient, or that they did not know that they could become pregnant. Instead, their most common answer was, "I just didn't get around to it."

In general, sexually active young people often have unclear or mixed feelings about their sexual behavior.

- Many have sex infrequently and so do not consider themselves to be taking much risk.
- Many feel guilty about engaging in sexual intercourse.
- Many do not consider themselves sexually active; instead they believe they will not have intercourse again.
- Many "cannot imagine it [pregnancy] happening to me."

Considering these very real impediments to adolescents' motivation to obtain protection against pregnancy, it is easy to see that it would be difficult "to get around to it," especially if they must:

- find out where to go
- determine whether they are eligible for service, how much the service costs, and whether it is confidential
- make an appointment
- get directions to a new address and transport themselves
- visit an unfamiliar clinic and submit to examination by an unknown person

- overcome fears of how they will be treated, whether they can trust the people they will be depending on, and so on.

Because adolescents behave and demand to be treated as grown up and independent in so many ways, many people overlook how intimidating any of these hurdles can be. All of them require relatively well-developed life skills, skills which many adolescents have not yet developed. Thus, linking young people with services in the community -- what the Salvation Army has called "bridging the gap" -- may be a crucial component of sexuality education.

This chapter describes ways that sexuality education programs are helping link young people to community services and then describes an innovative approach some communities are developing, namely, bringing health services to adolescents.

Helping Young People Attend Clinics

Many sexuality education programs include sessions helping participants develop the life skills necessary to make a comfortable connection with community agencies. For example, one educator describes specific life situations -- an adolescent who is identifiably depressed and suicidal, another who has missed a period, another who is showing signs of alcoholism, another who suspects he has contracted a sexually transmitted disease -- and asks participants to identify the problem in each case and suggest where the young person might get help in the community. Many sexuality education programs use role playing to facilitate these skills.

Schools often invite a staff person from the neighborhood public health clinic to visit their classrooms and to inform the students about the clinic's services. One social worker who regularly makes such visits believes that establishing a human connection is extremely helpful to young people. He reports hearing similar questions from nearly every group:

- What would it be like to come to the clinic? What would happen?
- Does a pelvic exam hurt?
- Will they yell at me for having sex?
- Would I have to take my clothes off?
- How much would it cost?
- Would I have to tell my parents?
- If I come to the clinic will you be there? Can I come by and see you?

In that case, both the schools and social worker have found that giving the students an opportunity to get acquainted with the social worker as a warm, caring, nonjudgmental, human person -- and to get acquainted, through him, with the clinic -- was critical in their ability to take the chance of coming to the clinic.

There are many variations on these themes. Educators we asked about this provided a rich variety of ideas; you will undoubtedly have others.

- Assign parent-interview projects or homework. Suggest age appropriate topics the young people might discuss with their parents, such as where the parents feel they should go for a variety of health needs, including counseling about family planning.

- Prepare a wallet card with the names, addresses, and phone numbers of organizations that offer services to youth. List at least one place to call for each of several concerns: birth control, pregnancy testing,

counseling, STD testing and treatment, child abuse and incest, general crisis, rape, homosexuality information, drug problems. As you distribute the cards, describe each resource that is listed, and provide brochures, if appropriate. Ask other teachers and youth leaders to post the card on bulletin boards.

- Put posters from health clinics and other helping agencies on the wall of the classroom. These posters increase the sense of familiarity with the agencies and provide correct addresses to them.

- Ask participants to use the yellow pages to identify resources for various services. Then assign small groups to obtain answers to a list of relevant questions.

- Invite counselors from nearby clinics to regular, after-school information and discussion sessions. These can provide an opportunity for young people to ask questions informally about a variety of different topics.

- Discuss and/or show films about what to expect at a clinic (e.g., "Your Pelvic and Breast Exam").

- Invite teen theatrical groups to put on skits at your school or agency. Such skits can cover a variety of health and social problems encountered by youth; for example, you might ask the troupe to present a skit on going to a health clinic for contraception or pregnancy check.

- Organize field trips to visit agencies or clinics or other resources for young people. These field trips help students know where a clinic is located and how to get there, enable them to meet the staff and see the actual facility and equipment, and reduce the anxieties associated with going to an unknown place.

- Train school counselors to refer students with special needs to a variety of community agencies providing help (family planning clinics, agencies handling drugs, etc.)

Bringing Clinics to Schools or Other Agencies

In an attempt to become more accessible to young people, a few medical providers around the country have begun to establish comprehensive primary care facilities on high school campuses. One such effort began in 1973 in St. Paul, Minnesota, when a federally funded Maternal and Infant Care (MIC) Project brought clinic services into a junior/senior high school located in the inner city. The pilot school had a 30% dropout rate, high absenteeism, high rate of births to teenagers, and a 45% dropout rate after delivery. The health professionals and school staff and administration developed a comprehensive program that combined sexuality education, prenatal care, day care services for students' small children, and a wide range of medical services, all offered within the school building. The project has since expanded to several other area high schools and has considerably reduced the rates of both first and repeat pregnancies in each school.

Reasons to Bring Medical Services to Adolescents

In Chapter 1 we discussed a number of reasons to provide sexuality education to

adolescents: to prevent negative consequences of teenage sexual activity, to prepare and support young people through physical and emotional changes of adolescence, to provide skills to handle increasing independence, to enhance parent/child communication, and to counteract inaccurate and confusing media and peer messages.

By providing health services, you can increase your ability to:

- prevent unintended pregnancy by providing family planning services to sexually active students
- enhance the prenatal health of pregnant students
- support adolescent parents to stay in school
- prevent repeat pregnancies among adolescent parents
- identify and treat sexually transmitted diseases
- use opportune moments to counsel students about their decisions.

Although sexuality education can be a natural part of a school curriculum or youth agency program and can often be added to your program without great expense, providing medical services will inevitably require much greater effort and costs and will necessarily involve other health service organizations. When considering bringing a clinic into your setting, you address the question of where in your community health services should be provided. In different communities, those services are in hospital outpatient clinics, specialized clinics such as family planning clinics, private offices, and/or neighborhood storefronts. The question is, would there be advantages in your setting to making health services more accessible to young people by bringing the services into a setting where young people already congregate? When considering costs, you should consider the costs of both failing to provide the services and/or providing needed services elsewhere. It may actually be more cost effective to provide the services in your school or agency than elsewhere, especially considering the high costs inherent in young people "not getting around to" using services elsewhere.

Important Features of Clinic Programs

The "shoulds and shouldn'ts" for sexuality education programs listed in Chapter 1 all apply to a clinic program. However, some of the tenets discussed there are even more critical when the program includes clinical services. Those providing medical and counseling services should take special care to:

- Involve parents in every stage of planning and design of the program
- Encourage individuals to become responsible for their own actions and for the consequences of those actions
- Encourage young people to talk about sexuality related issues with their parents
- Teach that responsible decisions are made after considering all possible current and future consequences.

Accessibility and confidentiality. Not surprisingly, those who have offered clinic services in high schools have found it necessary to offer a wide range of services, including not only sexuality related services but also athletic physicals, immunizations, and primary care for sore throats, upset stomachs, and the like. If a clinic offers only sexuality-related services, those students who use the clinic announce to the rest of the school, just by walking into the clinic, that they are or are considering becoming sexually active. On the other hand, if almost all students and faculty members are coming in and out of the clinic for a variety of reasons, then no stigma attaches to its use.

Clinic staff who can remain flexible can eliminate many barriers to service. For example, service can be offered as needed -- not only by appointment, but also on a walk in basis.

Counseling. Clinic personnel can encourage students seeking sexually related services to take a close look at their relationships and examine whether sexual interccurse is really the most appropriate way to express their feelings toward their partner at that time. By remaining nonjudgmental, the counselor can help students evaluate and carry out their decisions responsibly.

Family planning services. Certainly family planning services for adolescents are based on the belief that if students are sexually active, they should have access to effective methods of contraception so that they can prevent unwanted pregnancies. In fact, about 90% of parents of teenagers support providing contraceptives to teenagers (Gallup, Jan. 23, 1978).

Whether a clinic actually dispenses the contraceptives on site, however, should depend on the community and finally, the school board's discretion. Many people feel that school is not an appropriate place to dispense contraceptives. Doing so would appear to place the school's stamp of approval on sex among students and tempt young people to play with the methods in school. One clinic solves the dilemma by prescribing the appropriate method and having the student obtain it from a neighborhood health facility within walking distance of the school. In that situation, the health care staff is careful to schedule prompt follow-up appointments with the students to give instructions for using the method. If a student fails to come to the follow up appointment, the health professional can send a reminder to the student in the classroom. Similarly, prescriptions are limited to 3-month supplies, so that students must check in regularly with the health providers to insure effective use and continuance.

Laying the Groundwork for a Clinic Component

Bringing a clinic into a high school is still a relatively new idea and will require more time and coordination to develop than educational programs require. The St. Paul MIC Project recommends the following steps, based on their own experiences:

Step 1: Propose the idea to the superintendent of schools or comparable official and gain support for further discussion of the idea. Contact community organizations, religious organizations, health and mental health agencies, youth serving organizations, and parent organizations to discuss the need and their particular concerns.

Step 2: Meet with potential funders. Present local statistics. In addition to those listed in Chapter 1 (effects of teenage sexual activity, facts about family

communication about sexuality, etc.) you should have in hand the results of in-school clinics in other communities (See Sexuality Education: Evaluation of Programs and their Effects and references at the end of this chapter).

For example, MIC keeps statistics demonstrating the cost of family planning services in the high school clinics and compares those costs to the medical and AFDC costs the community would incur without the high school clinics. According to their projections, they are saving the public millions of dollars by preventing pregnancies and enhancing students' health and school continuance. You can obtain current statistics by writing to them directly (see Appendix B for names and addresses).

In addition to federal or state agencies, private foundations may be interested. A nonprofit group in Kansas City, Missouri, Adolescent Health Resources (ARC) recognized many hospitals' interest in developing satellite clinics to offer primary services at lower costs, and has linked private local funds, neighborhood health facilities, hospitals, neighborhood organizations, and school leadership to develop inschool clinics.

Step 3: Establish a study committee bringing together school administrative personnel, medical/health planners, and community leaders. Establish subcommittees to work out the details.

Choosing What Services to Offer

As explained earlier, offering only sexuality-related services probably would inhibit students' use of the clinic. Broadening services to include other primary and preventive health care needs makes the clinic more accessible and eliminates any stigma of using it. In many cases, students develop sufficient comfort during other kinds of contact with the clinic to raise their concerns about sexual matters. Consider including the following services:

- athletic, job, and college physicals
- preventive health care and health education
- dental, hearing, and vision health education, and/or care
- family planning exams
- pap smears
- contraceptive information, counselling, and referrals
- follow up appointments for contraceptives
- STD testing and treatment
- pregnancy tests
- prenatal care
- postpartum followup
- well baby care
- immunizations
- nutrition counseling and education
- social work counseling
- counseling and treatment for drug and alcohol abuse

Pay particular attention to controversial services such as dispensing contraceptives and abortion counselling and referral. As mentioned, the St. Paul MIC High School Clinic Project does not dispense contraceptives onsite. Neither do they provide abortion counseling or referral. Those who are planning the program must consider what is best in your situation. Whatever you decide, you should plan in advance how you will deal with any controversy that develops around those decisions.

Planning for and Handling Controversy

When dealing with any controversy, we recommend the same general approach we described in Chapter 2. In particular, remain open. Explain clearly what you are (and are not) trying to accomplish and why; listen to objections; and adapt policies and services to meet the needs of the specific school population you are serving.

In addition to the concerns we identified in Chapter 1, parents, school board, and other community members will express many of the following questions and concerns about an in-school clinic.

Concern: The school's responsibility is to provide an education to young people, not health services.

Possible response: Yes, and an onsite clinic can support the school in providing that education.

- Without a clinic, students who become ill or injured must frequently be sent home. With a clinic on site, such students can usually obtain treatment and return to class.

- Without family planning services, a high number of students become pregnant, have abortions or babies, and often drop out of school. By helping sexually active students take responsibility for preventing unwanted pregnancies, the clinic can reduce pregnancies, abortions, and school dropouts.

- In the process of all this, the clinic staff can teach "wellness," how to take care of oneself. Eventually, through improved health habits and consistent health care, students themselves reduce the amount and severity of their illnesses, which in turn improves their attendance.

Finally, clinic staff would respect at all times that they offer a supplementary service -- that educational endeavors are primary -- and would make every effort to see students promptly so that they can return to class.

Concern: Won't it give our school a bad reputation?

Possible answer: If anything, clinics give the schools something to be proud of. Far from looking down on schools that have developed health services for their students, other school systems want to replicate their work.

Concern: Will you notify parents when students use the clinic?

Possible answer: The St. Paul inschool clinics use a standard permission form on which parents give permission at the beginning of the school year for their children to be treated at the clinic during the school year. The form lists the types of service the clinic offers, including confidential services. To date, no parent has refused to give permission.

Most states do not require clinics to obtain authorization to provide birth control counseling, education, and devices; pregnancy testing and treatment; and drug counseling to minors. Such services can be offered confidentially without parental consent. However, most people also recognize compelling reasons for

parents to be involved in adolescents' receiving such services. Because of the comfortable relationship clinic staff have with students, staff can both ensure confidentiality and encourage students to involve their families whenever possible.

Staffing the Facility

Depending on the scope of services you decide to offer, you may need many of the following health professionals:

- Obstetrician/gynecologist
- Family planning or ob/gyn nurse practitioner
- Pediatrician
- Pediatric nurse practitioner or associate
- Social worker or counselor
- Nutritionist
- Dental hygienist
- Sexuality educator
- Health educator
- Receptionist/medical assistant
- Lab technician

The important qualities of staff in sexuality education programs apply equally to clinic staff (see Chapter 5). In addition to being competent in their professions, clinic staff must:

- demonstrate comfort with the topic of sexuality, including discussing sexual topics with a nonjudgmental, respectful attitude
- be able to establish rapport with young people
- be committed to and skilled in working with adolescents as a member of the multidisciplinary health care team
- be able to maintain good working relationships with other school or agency staff, administration, and parents.

Determining the Location of the Clinic

Deciding to make health services more accessible to young people by bringing services into the high school building or youth center naturally limits your choice of space for the clinic and may require great creativity and ingenuity. Ideally, the clinic would be located where many young people will see it, pass it regularly, and feel free to drop in.

You may decide, for example, to remodel a classroom. In doing so, probably the most important consideration will be to create an atmosphere that appeals to adolescents. It should be friendly, colorful, approachable. Just as the staff should be able to promote students' comfort, trust, and openness, so should the physical environment of the clinic.

Designating Responsibility for the Project

In St. Paul, the principal of each high school project is responsible for the clinic program located at that school, even though initial funding of the project was provided by the federal government (Department of Health and Human Services) and channeled through the local medical center. In Kansas City, a nonprofit

organization administers private funding and develops contracts for personnel and services with local health centers and hospitals.

Defining Relationships with School Personnel

Experience in inschool clinics indicates that the more contact clinic personnel can have with school staff -- teachers, school nurse, counselors, support staff, physical education instructors, administrators -- the greater will be their comfort with the clinic, and the more students will use the clinic. Adults in whom students confide can suggest and support using the clinic. Any adult in the system can be instrumental in either reaching out to students or alerting clinic staff to students' needs. Thus, clinic staff and school personnel can cooperate in a number of ways:

- Clinic staff can assure that students are seen promptly to minimize time away from classes.
- School staff can refer students to the clinic and assist clinic personnel in following up missed appointments or abnormal lab results.
- Both can provide feedback to one another about students' needs for education, counseling, and information, and can collaborate in meeting those needs (taking care, of course, never to violate confidentiality).

Wherever there is a potential for clinic staff responsibilities to overlap with those of school staff, it will be important to clearly define roles and relationships early in the program. For example, if a school nurse is also located within the school building, a plan for coordinating services and referrals will need to be developed, with an understanding of who is responsible for what kind of services.

In addition to maintaining relationships within each school building, some plan will need to be developed to continue the relationship with the larger school system administration. In St. Paul, the clinics have participated on an administrative committee consisting of the deputy superintendent; the assistant superintendent of secondary and elementary education; the directors of school health services, curriculum, home economics, and vocational education; the school principals; and selected clinic staff members. That group meets regularly to review and establish procedures and plan future developments.

Maintaining Community and Parent Involvement

As suggested in Chapter 2, each school clinic should have an advisory committee that includes parents, school staff, students, clinic staff, interested community members, and representatives of service providers in the neighborhood. In addition, the clinic should make itself accessible to the community, both to help people become acquainted with the actual facility, staff, and services, and to dispel misconceptions about clinic services. For example, the clinic can offer tours and community presentations to concerned individuals and groups. Experience indicates that just as with sexuality programs, once people have a chance to meet with staff face to face and talk openly together, they usually become supporters of the program.

We discussed earlier the issue of gaining parents' permission for students to use clinic services, and the importance of health providers encouraging young people to involve their parents whenever possible. Clinic staff can involve parents in a number of other ways: by including parents on advisory committees and by inviting parents to visit the clinic, call with concerns, participate in project-sponsored groups, or attend appointments with their adolescents. Indeed, parents and clinic providers can cooperate in supporting adolescents' making responsible decisions. Occasionally, clinic staff receive calls from worried parents asking staff to "reach out" to their youngsters; someone in the clinic can usually find a discreet way to follow through on such requests.

Some parents who are initially most concerned by the idea of the clinic turn out to have very troubled relationships with their adolescents. Clinic staff may be in an ideal position to reach out to such parents either individually or through parent support groups.

Recruiting Participants

Clinic staff members can use a number of direct and indirect ways to help students become comfortable with the idea of using the clinic. They can:

- express interest in the students whenever they come into clinic, not only inquiring about the expressed concern, but being open to other matters of interest to the student
- make presentations in classrooms
- be available to students where they are: in the cafeteria, hallways, social and athletic events
- distribute flyers and make announcements over the PA system describing services that are available
- hang posters throughout the school building
- engage students in recruiting activities
- maintain close contact with school support staff or teachers
- provide free physicals for athletes, required immunizations, and services to students who become sick or are injured
- conduct informal discussion sessions, film showings, and other special activities in the clinic
- hold an all day health fair staffed by clinic personnel that all classes attend at some point during the day.

Evaluating the Clinic Program

Clinics have great potential for collecting data. Statistics can be gathered on all clients served: demographic, number of months sexually active before coming to clinic, reason for using the clinic (type of services, provider), use of contraception, method and continuation rates, number of pregnancies, etc. In

addition, clients can be asked in surveys how they feel about using the clinic, what they liked, what they would change, what additions they would suggest. For more discussion, see Chapter 8 and/or Sexuality Education: A Handbook for Evaluating Programs.

Discussion

We have not discussed all of the details needed to bring medical services into schools or youth agencies, but have highlighted the major issues the MIC High School Clinic Project has identified. Their staff are currently developing a comprehensive guide to replicating their program, and they are available for consultation. You may contact them directly for more information (see Appendix B for names and addresses).

Clinics have been used successfully in high school settings to enhance accessibility and comfort with medical and counseling services. One of the principal factors in their success seems to be location in adolescents' own "territory." It follows that other settings where adolescents congregate, such as youth centers, might also successfully implement this model. The key is to encourage adolescents to use the clinic's service whenever they need it and to maintain regular, consistent contact with the team of health professionals.

Whether or not it makes sense in your setting to establish comprehensive clinic services will depend on the needs of your target population and the goals you establish. However, even if you do not bring medical services into your setting, we encourage you to find meaningful ways to "bridge the gap" between young people and available health and counseling services in their community.

Resources

Edwards, L.E., Steinman, M.E., Arnold, K.A., & Hakanson, E.Y. Adolescent pregnancy prevention services in high school clinics. Family Planning Perspectives, 12,(1) January/February 1980.

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CHAPTER 8

EVALUATING THE COURSE

Teachers, administrators, funding agencies, families who are served by a program -- a number of different groups are interested in knowing how sexuality education programs affect their participants. School officials need to provide a rationale for including funds for sexuality education in their overall budget and for offering a course that does not focus upon basic academic skills. They need to be able to assure community members in general and parents in particular that the program has positive effects and no negative effects on their children. Educators wish to assess the course's strengths and weaknesses in order to provide a course that is responsive to the youth who are participating.

This chapter explains some of the basic issues that you would need to consider in undertaking an evaluation. In another volume of this report, Sexuality Education: An Evaluation of Programs and Their Effects, we have summarized the literature on the impact of sexuality education programs on students and families and the impact of programs participating in this project. Another volume, Sexuality Education: A Handbook for Evaluating Programs, discusses evaluation in considerable detail. This chapter, then, is intended only as an overview. If you intend to develop a serious evaluation in your program, we highly recommend your providing the handbook to the evaluator(s); it is the result of several years' experience of learning by doing and is written to help others avoid the variety of pitfalls we encountered along the way.

Deciding Whether to Conduct an Evaluation

We strongly support evaluation and believe sexuality education as a field could be greatly improved with more evaluation. There are at least two major reasons to conduct an evaluation: 1) to obtain information needed to improve a program and 2) to provide evidence that it is successful. In addition, we have found that the mere process of evaluating a program helps the staff clarify their objectives and become more realistic. Thus, evaluations can have major benefits.

However, before undertaking an evaluation, one must also consider the costs. First, evaluations take time, money, and careful coordinating. For example, to administer questionnaires, someone must design them, an advisory board or administrator must review and approve them, educators must administer them, young people must complete them, and a researcher must score and analyze them. Second, some people may object to or be unhappy about asking young people the kind of personal questions often needed to measure the effects of sexuality education programs. Finally, one must always anticipate the possibility that the evaluation will show that the program is ineffective -- either because the program is ineffective or because the evaluation was invalid.

Such problems and risks are commonly surmountable; we have successfully evaluated programs all across the country in a variety of communities.

Nevertheless, before deciding to evaluate your program, you should consider all the potential costs.

Identifying Users and the Need for an Evaluation

Once you decide to evaluate your program, you should first identify the primary persons who will use the results -- administrators, educators, funding agencies, parents, other researchers, participants, other communities who may wish to replicate your work -- and then clarify what they need to know. Are the primary users of the evaluation interested in:

- describing the content of the program
- assessing the impact of the program upon participants
- assessing the relative effectiveness of different program components
- estimating the number of people being served
- assessing the total cost of the program and the cost per person served
- identifying ways to improve the program?

You will probably not be able to meet all the needs of all possible interested groups and, therefore, must identify your priorities early to establish the direction of the evaluation.

Deciding What to Measure

In this chapter we address primarily the kind of evaluation that assesses how a program affects its participants. Possibly the most important step in such an evaluation is to identify the goals and objectives of the program, as discussed in Chapter 3. As we explained there, you would ideally specify your goals and objectives as you planned the program so that in the evaluation you can determine whether or not you reached them.

Many people think of evaluation in terms of testing knowledge. Did participants "learn" anything, that is, did they learn any facts? Most sexuality education programs, however, develop goals that relate to attitudes, values, and skills as well. For example, some long term programs hope not only to increase students' knowledge of certain facts but also to increase their self esteem, which is a positive attitude toward oneself. Some programs attempt to teach young people specific skills, such as ways to resist pressure and exploitation. If your goals include attitudes, values, or behaviors, you should consider trying to measure whether your program affected them. The evaluation handbook discusses in detail how to do so.

When you begin to design ways to measure attitudes, values, and behaviors, however, you may well approach sensitive sexuality issues and should be very cautious. At the minimum, you must have a clear reason for asking any sensitive question, be sure that you can maintain absolute confidentiality of responses, and obtain strong administrative support based on careful review of the instruments. In short, be sure that the potential usefulness of obtaining information outweighs its potential costs to respondents, the program, and the community.

Depending on the scope of your program, you may have some goals you cannot measure. For example, many program providers state as an overall goal "to reduce unwanted pregnancies," but do not have the resources to measure whether their

programs accomplish that. They might, however, be able to measure some reflection of that goal.

In addition to evaluating whether the program is meeting its goals and objectives, you may also wish to evaluate whether it is affecting students in any unintended or negative ways. For example, if a number of people in your community are concerned about the possibility that a program will encourage young people to experiment or to become more sexually active, and the program does not intend to have that effect, you may want to include questions in your evaluation to assess that possibility. If your program is having undesired consequences, you need to know that so you can change it; if it is not, you will appreciate having evidence with which to respond to criticism and concerns.

Kinds of Evaluations

Surveys

Surveys have been used widely to study sexuality education programs and can be used productively to assess participants' needs, to learn the opinions of parents or community members, to assess immediate reaction to programs, and to discover participants' perceptions of how the program affected them. Surveys may be conducted with written questionnaires, personal or telephone interviews, or group discussions.

Surveys of participants' needs. To determine what potential participants need, you may wish to conduct a needs assessment by designing a questionnaire that will provide information about their knowledge of important facts, their backgrounds, the relative importance to them of various topics, and additional topics they would like a program to cover.

Surveys of participants' evaluations. You may wish to ask participants their opinions about the program's content, classroom and homework activities, and leader; and ask them to suggest ways the program could be improved. You may ask them either verbally or through anonymous questionnaires. The advantage of anonymous questionnaires is that participants are sometimes more honest. The advantage of face to face verbal feedback is the opportunity to ask questions and thereby gain a richer understanding of participants' concerns.

Participants may be asked for their verbal feedback either in large or small groups, anytime during or at the end of the program. To use a discussion for evaluation, the leader must avoid becoming defensive; listen carefully to participants' comments; elicit reactions from all participants, not only the more active, assertive ones; and in school programs, guarantee that comments will not affect grades.

Surveys of participants' self reports. At the end of the course, you can ask participants how they think the program affected them. Do they know more or less? Do they feel birth control is more or less important than before they took the course? Do they talk to their parents more or less? Although administering such self report surveys is easiest just as the program ends, you cannot measure then what long term effects the program may have: how much participants will forget, what attitudes they will internalize, what skills they would practice, how they might behave differently. You would be better able to measure long term effects by administering the questionnaires several months later. On the other hand, the delay may introduce problems such as a low rate of response. If you cannot collect the

questionnaires personally, identify a convenient and anonymous method to collect them, such as supplying stamped, self-addressed envelopes.

Surveys of parents. You may wish to survey parents to determine their support or opposition to programs or to covering certain topics at particular ages, or their views of programs already in progress. Parents could be asked, for example, how involved they were in the course, how much they know about the program, how they believe the course affected their children, what changes they might suggest in the program.

Experimental Designs

Surveys can provide 1) valuable information about students' and parents' needs and perceptions of the program and its effect on them, and 2) their suggestions for improvement. In addition, surveys require minimal commitment or advance preparation. However, if you want to know how a program changed participants, posttest surveys are not sufficient. For example, if you test students' knowledge at the end of a course and they receive high scores, you cannot know whether they learned so much in the program, or came into the course already knowledgeable. Thus, to measure change, you must collect data both before (pretest) and after (posttest) the program and compare the results.

If your program is short (only 1 or 2 weeks long) and there were no special intervening events, you can probably say that if students changed, the changes were due to taking the course, because the participants aren't likely to change much for other reasons in that short time. If, however, your program is long -- a semester, for example -- you must account for the fact that adolescents are continually changing, whether or not they participate in a particular program. For example, over a period of months, teenagers in general become more knowledgeable about sexuality and more sexually active. Thus, comparing scores of a group of adolescents before and after taking a long program may be misleading.

In programs that last longer than a few weeks, then, you must distinguish between changes due to natural maturation and special events and changes due to the course. To do so, test not only the participants in the program but also a "control group" of reasonably similar young people who do not participate in the program, and then compare the results of the two groups.

The control group must be chosen with care; if people in the control group are very different from those in the experimental group, you may not be able to distinguish between changes due to maturation and changes due only to participating in the program. Probably the best way to assure similarity of the two groups is to assign youth randomly, by flipping a coin or using a table of random numbers, so that some youth participate in the program and others do not.

However, in sexuality education, random assignment is problematic. For both ethical and political reasons, researchers should neither force students to take nor restrain them from taking a sexuality education program. As an alternative, you could assign some students to take the course in the fall, others to take it in the spring, and have the students taking the course in the spring serve as a control group during the fall. A less satisfactory solution is simply to choose another class in the school that is as similar as possible to the experimental group.

Developing Questionnaires

Once you have determined the purpose of your evaluation, identified what you need to measure, and determined the scope of evaluation you can conduct, you will be ready to develop questionnaires. We recommend reviewing and adapting already-existing questionnaires. We have developed questionnaires for parents and adolescents which may be found in three other volumes of this report: the two curricula and the evaluation handbook. These questionnaires assess:

- knowledge of physical development; relationships, sexual activity, pregnancy, and marriage among adolescents; probability of pregnancy; birth control; sexually transmitted disease
- clarity of long term goals and personal values
- understanding of emotional needs and personal social behavior
- attitudes toward gender role behaviors, the place of sexuality in life, the importance of birth control, premarital intercourse, and use of pressure and force in sexual relationships
- recognition of the importance of the family
- self esteem
- satisfaction with personal sexuality and social relationships
- comfort talking about sexuality and birth control with parents and friends
- frequency of decisionmaking behaviors
- frequency of intercourse and use of birth control (for sexually active people only).

The reasons to begin with established questionnaires have to do with the complexity of designing valid and reliable instruments that will provide useful information. However, no established questionnaire will be perfectly suited to your needs. Your questionnaire should 1) reflect your particular program's goals and objectives, 2) be acceptable in your community and organization, and 3) use language that the particular group of young people can understand. Therefore, you should carefully consider each section and each item for appropriateness in your situation. For example, if your course does not include a discussion of contraception, you should delete questions addressing knowledge or use of contraception.

If existing questionnaires do not adequately measure your important goals and objectives, and you must design your own questionnaires, we recommend the following principles, which are explained more fully in the evaluation handbook:

- Word questions as simply and clearly as possible.
- Make all questions one-dimensional to avoid the dilemma of respondents' wanting to give different answers to different parts of the question.
- In tests of knowledge, use multiple-choice questions. Other types of questions have problems that reduce their validity. For example, some

people may get half of the true-false questions right by chance alone, whereas others may get them all right by chance alone.

- Assign several questions to each "knowledge" topic. A single question is inadequate to cover a topic.

- Use four- or five-point questions to measure attitudes. For example:

Strongly disagree	Never
Somewhat disagree	Sometimes
Neutral	Often
Somewhat agree	Always
Strongly agree	

- Again, use at least five four- or five-point questions to form a scale in measuring a particular attitude or trait. Reverse the wording in some items so that respondents will "agree" or "strongly agree" on some items and "disagree" or "strongly disagree" on others.

- If changes in behavior are goals of the course, include carefully worded questions about respondents' behavior.

- Use different kinds of questions and different methods of assessing the same outcomes. For example, questionnaires can contain closed-ended questions to measure specific results as well as open-ended questions about how the course or program affected the student.

- Keep the questionnaire short by measuring only the most important results. If people can't answer it in 20 minutes or so, it is probably too long.

- Use questions or scales from questionnaires that researchers have shown to be valid and reliable.

Pretest all instruments in several ways. Give each questionnaire to experts to check it for accuracy. Administer the questionnaire to a few individuals who are like those who will take the course, and go over each question to find out how they understood or misunderstood the questions, to discover any problems they had answering them, and so on. After revising the instrument, test a larger group and revise again. A researcher can then check the responses for reliability and validity.

If you must modify questionnaires significantly or create new instruments, we recommend 1) having an expert in questionnaire design review them, 2) even more extensively pretesting them, and 3) having a small group of parents and professionals review them carefully for items that might be considered too explicit or controversial.

Finally, always obtain approval from both administration and parents for any evaluation instruments.

Ensuring Support When Administering the Questionnaire

A good evaluation requires the support of many people. At times they may be reluctant to provide that support because of the inconvenience. For example, educators may not want to use program or class time to complete questionnaires and

students may not feel like taking another test or answering questions carefully and honestly. However, the following guidelines will help you obtain and maintain their support.

Establish personal commitment. Before conducting an evaluation, the teacher must seriously think through her or his commitment to exerting the effort.

Obtain approval from parents, school officials, human subject review boards, and/or others. To obtain parents' approval, we have written letters to parents describing the need for the information and the study, summarizing the questionnaires, providing statements of approval from the relevant officials, and describing our procedures to ensure voluntariness and anonymity. In our experience using this approach when administering thousands of questions to students, less than one percent of parents denied their permission and no one complained.

Fully inform participants. Participants need to be informed of the details of the evaluation, including:

- The importance of the evaluation: 1) the utility of pre-course information, such as assessing the current knowledge of students, and 2) the value of a pretest/posttest evaluation to document the impact of the course.
- The ways you have and will ensure confidentiality of participants' responses.
- The use of the evaluation results (e.g., for a state funded research project or for internal use only)
- The extent of the evaluation (e.g., the number of times they will be asked to complete questionnaires)
- The content of questionnaires (e.g., values about sex education, knowledge about contraception, behavior in communication).

Such preparation can greatly reduce adverse reactions and resistance.

Assure anonymity. If the questionnaires include any personal or sensitive questions about attitude or behavior, no one -- no administrator, teacher, scorer, evaluator, data analyst, other student -- should know who completed any specific questionnaire. To this end, physically separate students so they cannot see each other's answers. Instruct students not to place any identifying information on any questionnaire, to use regular lead pencils (not colored pens), and to insert their completed questionnaires in identical, unmarked envelopes before turning them in. If you are using pretests and posttests that will need to be matched, find a method of identifying questionnaires (such as anonymous identification numbers) that maintains respondents' anonymity.

Analyzing the Questionnaire Data

For most program providers with limited statistical and evaluation experience, we recommend hiring an outside consultant to assist with analyzing the data. A mathematics teacher in the school, a local specialist in evaluation, or a nearby graduate student can often be enlisted to help analyze, interpret, and report questionnaire results.

Whether data should be analyzed by hand or by computer will depend on a number of factors: the number of questionnaires, the ease with which they can be scored, the level of sophistication of data analysis you desire, the availability of a computer, and the analyst's familiarity with it.

Reporting the Results

Once you have collected data and analyzed it, you will want to report the results to the people and groups you identified earlier as the audience or users of the evaluation. Nonresearchers -- whether policy makers, program planners, educators, social service or medical professionals -- often complain that results of research are inaccessible to them because of the technical language used to report them. Probably most of the people who will be greatly interested in your results will not be interested in detailed discussions of methodology or in long tables with data. Thus, it will be particularly helpful, before preparing the report, to once again identify your audience, their level of knowledge and understanding of research and of the program, and their needs and interests in the evaluation results. It may be helpful to collaborate in writing the report with someone who represents the audience (an advisory board member, P.T.A. leader, administrator, etc.)

Whoever your audience is, your report should explain and discuss the following:

- The background and purpose of the evaluation (who wanted it for what reasons)
- The nature of the program (demographic characteristics of participants, goals, content, time period, etc.)
- The specific goals or objectives that are being evaluated
- The general methods used in the evaluation
- The questionnaires used
- The sample (selection criteria, size, and other characteristics)
- The results
- The limitations of the evaluation
- The conclusions and recommendations

Evaluators often do not obtain the results they hoped for. In such cases, unless you have strong reasons to suspect that your results may be invalid, we encourage you to report the negative as well as the positive results so that people can try to improve programs. At the same time, keep in mind the controversial nature of sexuality education, and write as balanced a report as possible, avoiding statements that could be misleading if quoted out of context.

Discussion

Many of the most important points we have made in this chapter parallel those in other chapters. Before undertaking any evaluation of your sexuality education program, involve the advisory board to ensure that your evaluation reflects your goals and objectives, is appropriate for your target population, and is sensitive to the values of your community. Follow any laws and guidelines set forth by your state or local government agencies. Obtain approval from the school administration or the sponsoring organization. Communicate openly with all concerned about the reasons for and the content of your evaluation instruments or methods.

Finally, we cannot overemphasize the importance of evaluation. All teachers -- even the most experienced -- need feedback to update and modify their courses to reach their full potential. For them, evaluation needs to be an ongoing and never-ending process of evaluating a program, refining it, evaluating and refining further. In addition, parents, schools, funders, Congress, the media all want to know what effect sexuality education has on young people: does it reduce unwanted pregnancies? encourage young people to experiment sexually? increase self esteem? help youngsters resist unwanted sexual activity? Thorough evaluation can strengthen support for programs by offering answers to these and other important questions.

Resources

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END NOTE

Although sexuality education is a relatively new field, it has passed its infancy -- when everyone who recognized and tried to respond to the need had to start from scratch. Today, many people around the country have experience offering programs in a whole range of settings, with nearly every imaginable type of group. There are now a variety of curriculum materials and audiovisual resources for particular needs, training programs for new and experienced educators, consultants for every stage of program development and implementation, journals and newsletters to keep you up to date. In short, while there is still much to do to refine our understanding of human sexuality and sexuality education, it is no longer necessary to go it alone.

We have tried in this volume to reflect the state of the art in sexuality education today and to suggest places and people you can turn to for help and guidance along the way. Educators and community planners have found that with thoughtful preparation, even the most "conservative" communities can understand the importance of and need for sexuality education programs and can implement programs that reflect their values and standards for their young people. It is hard work, but rewarding work. Whatever stage you find yourself in, we wish you success and the excitement of building something special for the young people in your community.

APPENDIX A

CURRICULUM RESOURCES

In addition to the two curricula we developed for this report, any of the following curriculum resources can be used or adapted for use with adolescents. Those marked with an asterisk (*) present a full course.

Inclusion of curriculum materials in this list should not be considered a recommendation. Any curriculum materials should be carefully reviewed and approved by your advisory committee and administration before being used in any course. For more discussion of designing a course, see Chapters 3 and 4.

Alter, J., & Wilson, P. Teaching Parents to Be the Primary Sexuality Educators of Their Children, Vol. III, Curriculum Guide to Courses for Parents and Vol. IV, Curriculum Guide to Courses for Parents and Adolescents Together. Santa Cruz, Calif.: Network Publications, 1983.

Designed for use with parent groups of various racial, ethnic, and religious backgrounds whose children's ages range from 0-18 years. Emphasizes developing communication skills. Volume IV adapts Volume III for use in courses for parents with their adolescent children.

Benesch, J., Kapp, J., & Peloquin, L. Implementation of Family Life Education Curriculum: Teaching Techniques and Strategies. Washington, D.C.: Sex Education Coalition of Metropolitan Washington, 1982.

Outlines teaching techniques and detailed learning activities for 10 topics including communicating about sexuality, decisionmaking, sex roles, anatomy and physiology, and sexually transmitted disease. Currently used in public and independent schools, clubs, youth groups, and churches. Geared for middle, junior, and senior high levels.

*Bignell, S. (ed) Family Life Education: Curriculum Guide. Santa Cruz, Calif.: Network Publications, 1980.

Designed to serve as a model for teachers developing programs at the secondary level. Presents specific 10-session models for programs at both the junior and senior high school levels. Presents teaching techniques and activities but not actual content.

Bignell, S. Sex Education: Teacher's Guide and Resource Manual (rev. ed.). Santa Cruz, Calif.: Network Publications, 1982.

Provides background information and teaching techniques on reproductive and sexual anatomy and physiology, pregnancy and birth, homosexuality, pregnancy alternatives, and sexually transmitted diseases.

Burt, J.J., & Meeks, L.B. Education for Sexuality: Concepts and Programs for Teaching. Philadelphia: W.B. Saunders, 1975.

Contains an excellent collection of 106 drawings for use in sexuality education classes.

Carney, C., & McMahon, S.L. (eds) Exploring Contemporary Male/Female Roles: A Facilitator's Guide. La Jolla, Calif.: University Associates, Inc., 1977.

Provides readings, structured experiences, and questionnaires that encourage the examination of male/female roles in U.S. society.

Communication Research Associates. Communicate! A Workbook for Professional Interpersonal Communication. Dubuque, Iowa: Kendall/Hunt Publishing, 1978.

A manual for teachers containing strategies for facilitating effective communication skills. Available from University Associates.

*Dodds, J.M. Human Sexuality: A Curriculum for Pre-teens. Rochester, N.Y.: Planned Parenthood of Rochester, 1980.

Designed for use with students in grades five through eight. Describes 12 suggested units on sexuality and sex roles, puberty, facts about girls and boys, families, pregnancy, birth and babies, family planning, problems, decisions about relationships, sex and the law, myths, rumors, and stories. Each unit contains an introduction, background information, activity resources, and evaluation material.

*Dodds, J.M. Human Sexuality: A Curriculum for Teens. Rochester, N.Y.: Planned Parenthood of Rochester, 1980.

Designed for use in an urban classroom setting. Suggested topics include sex roles, anatomy, pregnancy, birth, STD, responsibility, contraception, relationships, sexual response, parenting, unplanned pregnancy, homosexuality, and sexual assault. Each unit includes an introduction, background information, activities, resources, and evaluation materials.

Hicks, J. (ed) Discussion Guide on Human Sexuality. Atlanta: Atlanta Grady Memorial Hospital.

Provides brief outlines for teaching units on anatomy and physiology of the reproductive system, family planning, STD, decisionmaking, maturation and hygiene, and becoming a parent.

Mattox, B. Getting it Together: Dilemmas for the Classroom. La Mesa, Calif.: Pennant Press, 1975.

Provides simple activities that may encourage students of all ages to improve their skills in moral decisionmaking.

Morrison, E.S., & Price, M.U. Values in Sexuality: A New Approach to Sex Education. New York: Hart Publishing Company, 1974.

A manual of value clarification strategies for human sexuality education.

Planned Parenthood Center of Memphis. Family Life Education: A Problem-solving Curriculum for Adolescents (Ages 15-19). Memphis, Tenn.: Planned Parenthood Center of Memphis.

Activities and five films designed to reveal the influence of parents, peers, media, and various institutions on the development of healthy sexuality.

*Sofferin, P., Elder, L., Overton, J., Towns, B., & Desonier, L. Lifestyles. Pensacola, Fla.: Community Mental Health Center of Escambia County, Inc., 1979.

A sexuality education curriculum manual that focuses on preventing teenage parenthood.

Stanford, B., & Stanford, G. Roles and Relationships: A Practical Guide to Teaching about Masculinity and Femininity. New York: Bantam Books, 1976.

Describes strategies for teaching material on gender roles and relationships.

Stanford, G. Developing Effective Classroom Groups: A Practical Guide for Teachers. New York: Hart Publishing Company, 1977.

Activities and games that help students develop the skills of working together as an effective group.

*U.S. Department of Health, Education and Welfare. A Decision-Making Approach to Sex Education: A Curriculum Guide and Implementation Manual for a Model Program with Adolescents and Parents. Rockville, Md.: National Clearinghouse for Family Planning Information, 1979.

Includes guidelines for getting a program started, facts about adolescent sexuality, general tips for group leadership, detailed models for a 10-session adolescent sex education program and parent sex education program, and a model of staff training.

Winship, E., Caparulo, E., & Harlin, V. Masculinity and Femininity: Teacher's Manual. Boston: Houghton Mifflin Company, 1978.

A sex education and family living text for high school students.

APPENDIX B

RESOURCES FOR EVERY STAGE OF PROGRAM DEVELOPMENT

Organizations

The following organizations are actively involved with issues related to sexuality education and may be able to help you in various stages of developing or implementing your program.

Alan Guttmacher Institute (AGI)
1220 19th Street, N.W. Suite 305
Washington, D.C. 20036
202/296-4012
Contact person: Asta Kenney, Associate for Policy Development

An independent corporation devoted to research and public education in the fields of population and fertility regulation. Has issued two major publications and numerous articles on legal, legislative, political, and research aspects of teenage pregnancy. AGI's Washington office maintains liaison with U.S. government agencies and monitors legislative policy developments. Publishes Family Planning Perspectives and the Washington Memo, a newsletter which reports and analyzes legislative developments.

American Association of Sex Educators, Counselors and Therapists (AASECT)
2000 N Street, N.W. #110
Washington, D.C. 20036
202/296-7205
Contact person: Cheryl Leeman, Executive Director

AASECT is a national nonprofit membership organization devoted to developing professional competency and ethical training standards for sex educators, counselors, and therapists. AASECT certifies qualified professionals; conducts workshops, training programs, and research into various aspects of sexuality; and publishes the Journal of Sex Education and Therapy and a quarterly newsletter that informs members of regional and national programs and meetings, current issues, and available literature.

American Red Cross
National Headquarters
202/857-3622
Contact person: Maggie Knox, Asst. Director, Nursing and Health

Source of educational packets and community educators especially on the subject of parenting.

Center for Early Adolescence (CEA)
University of North Carolina at Chapel Hill
Suite 223, Carr Mill Mall
Carrboro, NC 27510
919/966-1148
Contact person: David Sheaves

Dedicated to increasing the effectiveness of agencies and professionals who work with young adolescents. Professionals can call or write CEA for information including current research, model programs, human resources, and youth policy. Center staff can also help prepare film scripts, books, and conference materials and agendas. Publishes a bimonthly newsletter, Common Focus.

Center for Population Options (CPO)
2031 Florida Ave., N.W.
Washington, D.C. 20009
202/387-5091
Contact persons: Douglas Kirby, Ph.D., Director of Research; Carol Hunter Gregg, Ph.D., Director of Public Education; Mimi Haley, Director of Adolescent Media Project

A national, nonprofit organization that seeks to reduce the incidence of unintended adolescent pregnancy. CPO assists youth workers and youth-concerned organizations by providing training in sexuality education and technical assistance in program design, implementation, and evaluation; organizational policy development, public policy analysis, and advocacy; resource selection and development; and multi-media campaigns. The adolescent media project has developed and aired over 100 radio announcements by music and sports celebrities speaking to their teenage fans about sex and parenthood; the television project works with writers and producers to bring more realistic and constructive programming to network television. CPO publishes a quarterly newsletter, Issues and Action Update, which reports legislative and regulatory developments affecting adolescents' access to reproductive health information and services.

Education, Training and Research Associates (ETR)
1700 Mission Street, Suite 203
Santa Cruz, CA 95060
408/429-9822
Contact persons: Ellen Wagman, Director of Training

A private, nonprofit health education consulting group that offers assistance with training, research, and publications development in family life education. Has extensive experience providing training and consultation to assist California public schools to develop family life education. Currently developing the National Family Life Education Network to promote the development of family life education programs and materials; publishes a quarterly journal, Family Life Educator.

Girls Clubs of America (GCA)
205 Lexington Avenue
New York, NY 10016
212/689-3700
Contact person: Catherine Smith, Director, Family Life Education for Adolescents Project

Conducting a national project providing training and technical assistance to local affiliates helping them develop, improve, or expand services in sexuality education. Approximately 100 clubs around the country have trained staff, resources, and/or programs.

Institute for Family Research and Education (IFRE)
760 Ostrom Avenue
Syracuse, NY 13210
315/423-4584
Contact person: Sol Gordon, Director

Associated with Syracuse University, IFRE is particularly concerned with reducing adolescent pregnancies, promoting sexuality education in schools, and enhancing parents' participation in their children's sex education. IFRE translates established research into educational materials for parents and teenagers and offers annual summer training programs for sexuality educators.

March of Dimes Birth Defects Foundation
National Office
1275 Namaroneck Avenue
White Plains, NY 10605
914/428-7100
Contact person: Mary Hughes, Director of Public Health Education

Many local chapters have resource libraries with audiovisual and print materials, many in both English and Spanish, on parenthood and adolescent sexuality. Its series Starting a Healthy Family is being used widely around the country and is available for rental or low cost. The March of Dimes can offer technical assistance and training for educators who purchase the materials; many chapters also have programs and speakers bureaus.

National Board, YWCA of the U.S.A.
600 Lexington Avenue
New York, NY 10022
212/621-5000
Contact person: Maria Vizcarrondo

Has developed model programs to reduce the incidence of pregnancy among young adolescents, promote cooperation and participation of parents and guardians, and develop collaborative efforts among community agencies to provide support and resources.

National Clearinghouse for Family Planning Information
P. O. Box 2225
Rockville, MD 20852
301/881-9400
Contact person: Judy Kramer, Health Educator

Part of the Office for Family Planning, U.S. Department of Health and Human Services. Collects and disseminates information on a wide range of topics related to family planning and adolescent sexuality. Publishes the Health Education Bulletin; has developed an annotated catalog of family planning materials and bibliographies and fact sheets on topics of special interest; and conducts subject searches upon request. Materials are available in English and Spanish for patient and staff education, many free of charge to family planning workers, educators, trainers, and consumers throughout the U.S.

National Family Planning and Reproductive Health Association, Inc. (NFPRHA)
1110 Vermont Avenue, N.W. Suite 1210
Washington, D.C. 20005
202/467-6767
Contact person: Rosita McKee

A nonprofit, membership association devoted to the improvement and expansion of family planning services and reproductive health care. NFPRHA's estimated 1,000 members are primarily government funded family planning-related services. NFPRHA follows legislative and administrative developments affecting reproductive health issues, conducts policy research analysis, provides technical assistance, publishes a monthly newsletter and quarterly magazine, and conducts annual meetings on topics of current interest.

Planned Parenthood Federation of America (PPFA)
810 7th Avenue
New York, NY 10019
212/541-7800
Contact person: Peter Scales, Director of Education

The largest provider of voluntary family planning and sexuality education in the U.S., PPFA's 190 affiliates can provide educational resources and training and can assist with program development. PPFA's national Education Department provides intensive training in building community support for sexuality education; maintains the Library and Information Network for database searches and program information on sexuality education; publishes a variety of resources in its Emphasis subscriber service including bibliographies, in-depth topical reports, and reference sheets; and provides on-site consulting in all facets of program planning, development, operation, and evaluation.

Salvation Army
120 West 14th Street
New York, NY 10011
212/620-4360
Contact persons: Major Peter Hoffman, Secretary of Social Services Dept., and Elma Cole, Director, Bridging the Gap Project.

Has developed a program to help teenagers gain an understanding of themselves and

their sexuality, learn about available community resources, and use resources appropriately. The Bridging the Gap curriculum includes an extensive discussion of choosing leaders for programs for adolescents. The Salvation Army has recently conducted leadership training to help youth workers become more comfortable talking about sex with adolescents; the national office can provide names of resource people in local communities.

Sex Education Coalition of Metropolitan Washington (SEC)
Friendship Station Box 39133
Washington, D.C. 20016
202/363-7563
Contact person: Joan Benesch, Board Liaison

Nonprofit, volunteer-run organization with 300 members, most of whom work in a wide range of settings related to sexuality education in the Washington metropolitan area. SEC's purpose is to provide a forum for the exchange of information and resources in human sexuality/family life education. SEC maintains a resource library; loans films and other materials; conducts bi-monthly meetings, workshops, and seminars on topics of special interest, and an annual "media fair." Publishes resource materials and the quarterly Coalition News.

Sex Information and Education Council of the U.S. (SIECUS)
Resource Center and Library
51 West 4th Street, Room 53
New York University
New York, NY 10003
212/673-3850
Contact person: Leigh Hallingby, Librarian

A nonprofit, voluntary health education organization devoted to promoting an informed understanding of human sexuality. Maintains a resource center and library of over 2000 books, all of the professional sexuality periodicals, extensive vertical files, and over 100 curricula for teaching sexuality education to a wide variety of groups. Answers requests for information from professionals, students, and consumers in person, over the phone, and through the mail. Publishes the bimonthly SIECUS Report as well as six up to date bibliographies of audiovisual and print resources in human sexuality.

Other Organizations in Your Community That May Be Helpful:

City, county, and State health departments for statistics and resource materials

Family planning councils for their library of sex education and family planning films and materials

Public libraries, especially the audiovisual department.

Educators and Administrators Associated with This Project

Janet Alyn
Planned Parenthood of San Antonio
104 Babcock Road
San Antonio, Texas 78201
512/736-2244

Kathy Arnold
St. Paul Maternal and Infant Care Project
St. Paul-Ramsey Medical Center
640 Jackson Street
St. Paul, MN 55101
612/221-3420

Jean Brown
Lynn Peterson
Bob Linebarger
Family Guidance Center
902 Edmond
St. Joseph, MO 64501
816/364-1501 800/892-5750

Alan W. Jorgensen
Ferndale Elementary School
P.O. Box 667
Ferndale, CA 95536
707/786-9535

Nancy Drooker
Planned Parenthood League of Massachusetts
99 Bishop Richard Allen Drive
Cambridge, MA 02139
617/492-0518

Charles Lakin
Susan Petersen
Ferndale High School
P.O. Box 367
Ferndale, CA 95536
707/786-9505

Konstance McCaffree, Ph.D.
Council Rock High School
Swamp Road
Newtown, PA 18940
215/968-4721

Martha Roper
University City High School
7401 Balson Avenue
University City, MO 63130
314/821-5519

Pam Sofferin
Community Mental Health Center
1201 West Hernandez Street
Pensacola, FL 32501
904/432-1222

Mary Lee Tatum
George Mason Junior/Senior High School
7124 Leesburg Pike
Falls Church, VA 22043
703/241-7620

Professional Journals and Newsletters

Archives of Sexual Behavior. Plenum Publishing Corp., 233 Spring Street, New York, NY 10013. Bimonthly. Subscription, $48 individual, $110 institutional.

Emphasis. Clearinghouse for Sexuality and Population Education Program Materials, Department of Education, Planned Parenthood Federation of America, Inc., 810 Seventh Avenue, New York, NY 10019. Quarterly. Subscription, $5.

Family Life Educator. National Family Life Education Network, ETR Associates, 1700 Mission Street, Suite 203, Santa Cruz, CA 95060. Quarterly. Membership $20.

Family Planning Perspectives. Alan Guttmacher Institute, 360 Park Avenue South, New York, NY 10010. Subscription, $9.25 Associates, $18.50 nonassociates.

Journal of School Health. American School Health Association, 1521 S. Water Street, P.O. Box 708, Kent, OH 44240. Monthly (except June & July). Subscription with $40 annual membership; $35 institutional subscription.

Journal of Sex Education and Therapy. American Association of Sex Educators, Counselors, and Therapists, 600 Maryland Avenue, SW, Washington, DC 20024. Subscription, $8 nonmembers.

Journal of Sex Research. Society for the Scientific Study of Sex, Inc., c/o Weinstein, 417 Meadowbrook Drive, Huntingdon Valley, PA 19006. Annual subscription, $35 individual, $50 institutional nonmembers.

Medical Aspects of Human Sexuality. Hospital Publications, Inc., 360 Lexington Avenue, New York, NY 10017.

Sex Education Coalition News. Sex Education Coalition of Metropolitan Washington, Friendship Station Box 39133, Washington, DC 20016.

Sexuality Today. ATCOM, Inc., 2315 Broadway, New York, NY 10024. Weekly newsletter. Subscription, $51 individual, $65 institutional.

SIECUS Report. Sex Information and Education Council of the U.S. 80 Fifth Avenue, Suite 801, New York, NY 10011. Bimonthly. Subscription, $30 individual, $75 institutional, $30 library.

Selected Organizations that Support Sexuality Education

In addition to organizations whose work directly relates to some aspect of human sexuality, innumerable community, health, educational, religious, and other voluntary and professional membership associations have issued statements supporting sexuality education. Following is a partial list of such organizations:

*American Academy of Child Psychiatry
American Academy of Pediatrics
American Association for Health, Physical Education, Recreation and Dance
American Association of School Administrators
*American College of Obstetricians and Gynecologists
American Council of the Blind
American Federation of Teachers
*American Home Economics Association
American Library Association
American Medical Association
American Public Health Association
American School Health Association
*Boys Clubs of America
*Camp Fire, Inc.
*Center for Early Adolescence
*Center for Population and Family Health
*Child Welfare League of America
*Future Homemakers of America
*Georgia P.T.A.
*Girl Scout Council of the Nation's Capitol
*Girls Clubs of America
Episcopal Church
*Lutheran Church in America
*March of Dimes Birth Defect Foundation

*National Association of State Boards of Education
*National Commission on Resources for Youth
National Council of Churches
National Education Association
*National Family Planning and Reproductive Health Association, Inc.
*National Network of Runaway and Youth Services, Inc.
National Organization for Women
National School Boards Association
*National Urban League, Inc.
National Women's Political Caucus
New Jersey Catholic Conference of Bishops
Presbyterian Church
*Salvation Army
Society for Adolescent Medicine
Southern Baptist Convention
Synagogue Council of America
*Union of American Hebrew Congregations
*United Church Board for Homeland Ministries
*United Methodist Church
*United Neighborhood Centers of America
United Presbyterian Church
U.S. Catholic Conference
White House Conference on Families
*Young Women's Christian Association (YWCA)

*Policy statements of these organizations have been compiled by the Center for Population Options (CPO). "Adolescent Reproductive Health: Organizational and Policy Statements" may be obtained from CPO, 2031 Florida Avenue, N.W., Washington, D.C. 20009.

Excerpts of many of the organizational statements are provided in I. Dickman, Winning the Battle for Sex Education, SIECUS, 1982.

Interfaith Statement on Sex Education

Released jointly on June 8, 1968, by the National Council of Churches Commission on Marriage and Family, the Synagogue Council of America Committee on Family, and the United States Catholic Conference Family Life Bureau. Reprinted with permission.

"Human sexuality is a gift of God, to be accepted with thanksgiving and used with reverence and joy. It is more than a mechanical instinct. Its many dimensions are intertwined with the total personality and character of the individual. Sex is a dynamic urge or power, arising from one's basic maleness or femaleness, and having complex physical, psychological and social dimensions. These dimensions, we affirm, must be shaped and guided by spiritual and moral considerations which derive from our Judeo-Christian heritage. The heritage teaches us that the source of values to guide human behavior is God.

"The sexual attitudes of children develop as part of their general social attitudes. Furthermore, respectful and considerate sexual attitudes help create healthy social attitudes. When the family and society view sex as loving and fulfilling, rather than prurient and exploitative, then both the social and sexual

attitudes of children benefit. A healthful approach to sexual relations, willingness and ability to impart sexual information in a manner proportionate to the child's stage of development -- these are among the elements which foster healthy sexual attitudes and behavior in the young. So, also, is resistance to social pressures which in some instances lead to premature sophistication or unhealthy attitudes in young people.

"Responsibility for sex education belongs primarily to the child's parents or guardians. A home permeated by justice and love is the seedbed of sound sexual development among all family members. Both the attitudes and the activities of the parents -- toward each other and toward each child as an individual -- affect this development. Healthy attitudes toward sex begin in the child's earliest years; they can best develop in an atmosphere that fosters in him a deep sense of his own self-worth, bolstered by love and understanding.

"Sex education is not, however, only for the young; it is a life-long task whose aim is to help individuals develop their sexuality in a manner suited to their stage of life.

"We recognize that some parents desire supplementary assistance from church or synagogue and from other agencies. Each community of faith should provide resources, leadership, and opportunities as appropriate for its young people to learn about their development into manhood and womanhood, and for adults to grow in understanding of their roles as men and women in family and society in the light of their religious heritage.

"In addition to parents and the religious community, the school and other community agencies can have a vital role in sex education in two particular ways:

1. They can integrate sound sexual information and attitudes with the total education which the child receives in social studies, civics, literature, history, home economics, and the biological and behavioral sciences.

2. They can reach the large numbers of young people whose families have no religious identification but who need to understand their own sexuality and their role in society.

"For those who would introduce sex education into the schools, however, the question of values and norms for sexual behavior is a problem -- indeed, the most difficult problem. It is important that sex education not be reduced to the mere communication of information. Rather, this significant area of experience should be placed in a setting where rich human, personal, and spiritual values can illuminate it and give it meaning. In such a setting, we are convinced it is not only possible but necessary to recognize certain basic moral principles, not as sectarian religious doctrine but as the moral heritage of Western civilization.

"The challenge of resolving this problem of values in a pluralistic society makes it all the more imperative that communities planning to introduce sex education into the schools not only call upon educators to become involved in decisions about goals and techniques, but also invite parents and professionals in the community to take part in shaping such a curriculum.

"To those groups responsible for developing school and community programs in sex education we suggest the following guidelines:

a) Such education should strive to create understanding and conviction that decisions about sexual behavior must be based on moral and ethical values, as well as on considerations of physical and emotional health, fear, pleasure, practical consequences, or concepts of personality development.

b) Such education must respect the cultural, familial and religious backgrounds and beliefs of individuals and must teach that the sexual development and behavior of each individual cannot take place in a vacuum but are instead related to the other aspects of his life and to his moral, ethical, and religious codes.

c) It should point out how sex is distorted and exploited in our society and how this places heavy responsibility upon the individual, the family, and institutions to cope in a constructive manner with the problem thus created.

d) It must recognize that in-school sex education, insofar as it relates to moral and religious beliefs and values, complements the education conveyed through the family, the church, or the synagogue. Sex education in the schools must proceed constructively, with understanding, tolerance, and acceptance of difference.

e) It must stress the many points of harmony between moral values and beliefs about what is right and wrong that are held in common by the major religions on the one hand and generally accepted legal, social, psychological, medical, and other values held in common by service professions and society generally.

f) Where strong differences of opinion exist on what is right and wrong sexual behavior, objective, informed, and dignified discussion of both sides of such questions should be encouraged. However, in such cases, neither the sponsors of an educational program nor the teachers should attempt to give definite answers or to represent their personal moral and religious beliefs as the consensus of the major religions or of society generally.

g) Throughout such education human values and human dignity must be stressed as major bases for decisions of right and wrong; attitudes that build such respect should be encouraged as right, and those that tear down such respect should be condemned as wrong.

h) Such education should teach that sexuality is a part of the whole person and an aspect of his dignity as a human being.

i) It should teach that people who love each other try not to do anything that will harm each other.

j) It should teach that sexual intercourse within marriage offers the greatest possibility for personal fulfillment and growth.

k) Finally, such a program of education must be based on sound content and must employ sound methods; it must be conducted by teachers and leaders qualified to do so by training and temperament.

"The increased concern and interest in this vital area of human experience now manifested by parents, educators, and religious leaders are cause for gratitude. We urge all to take a more active role -- each in his own area of responsibility and competence -- in promoting sound leadership and programs in sex education. We believe it possible to help our sons and daughters achieve a richer, fuller understanding of their sexuality, so that their children will enter a world where men and women live and work together in understanding, cooperation, and love."

APPENDIX C

REFERENCE LIST FOR FACT SHEETS

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